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Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Original Communications.

IMPORTANCE OF CORRECT DIAGNOSIS IN RELATION TO TREATMENT OF DISEASE.*

BY S. C. WEDDINGTON, M.D.

A correct diagnosis is the first step toward proper treatment of any case, and from symptoms and signs only incorrect diagnoses are often reached. Treatment therefore should be determined by a knowledge of the cause and of the nature of the disease, and not by symptoms and signs only, which result from disturbance of the general system or of the various organs.

Writers admit that hysteria may simulate nearly all diseases, as peritonitis, gastritis, pleuritis, and notably the different heart-lesions, when in fact the nervous system alone is at fault, and these apparent local lesions are but functional, and the proper treatment is very different from that of the local inflammation simulated. By a proper attention to the physical signs, as well as a consideration of sex, age, condition, surroundings, hereditary tendency, etc., a correct diagnosis will be formed.

Patients have been subjected to calomel, blisters, and bleeding, when asafœtida would have been much better; and, on the

* Read before the District Medical Society, Muncie, Ind.

other hand, have been treated for hysteria, and an autopsy has revealed the fact that a great mistake had been made.

Dr. Stokes relates a case (Lectures on Fevers, page 176,) of a young lady who had been treated for some time in the hospital for different troubles, but principally for hysteria. Finally she complained of great dyspnea. This was supposed to be a phase of the old complaint, and she was treated accordingly, without receiving much attention, and to the surprise of the physicians she suddenly died. A post-mortem examination revealed extensive and deep ulceration of the larynx.

I wish, however, to speak more particularly of diseases caused by septicemia and micro-organisms, and those diseases of a different nature which present nearly the same symptoms.

It was formerly supposed that pus might be taken into the circulation and act as a poison to the system, and such condition was termed pyemia; but late observations have proved that pus does not often enter the blood-vessels, and if it does so it arrests the circulation by coagulating the blood. Pus confined in a cavity to which air has access, through some process of decomposition, forms a poison which enters the circulation and induces the condition known as septicemia. In an aggravated case of septicemia abscesses form in various localities, and with rapidly increasing anemia and debility, and the condition is now termed pyemia—a term not strictly correct, but in accordance with usage.

The formation within diseased tissue of minute organisms called bacteria, micrococci, etc., have been extensively discussed, many holding that these micro-cysts are the causes of many diseases, a *contagium vivum*. The labors of the German and French pathologists have done much to cause this theory to be generally adopted, and M. Pasteur has proved that similar diseases attacking sheep, fowls, and silk-worms are produced by germ-infection, and may be prevented by proper measures. Observations have gone far toward proving that inflammation and suppuration in wounds, followed by septicemia, are caused by organic particles floating in the air and are autogenetic.

Although many do not accept Listerism in all its details, the principles on which it is founded are established and have already revolutionized surgical practice. Cholera, diphtheria, erysipelas, typhoid fever, scarlatina, measles, variola, relapsing fever, and malignant puerperal fever are now supposed to be produced by these self-generating germs. Indeed Von Koch has found the *tuberculous* germ in the form of minute bacteria, which he has isolated, demonstrated, cultivated, and propagated. Many hold that these germs are distinct in their character, and as in other generative processes like produces like, so here diseases are not produced unless specific germs have been received into the system.

It is important to discriminate between cases which have such a specific origin and character and cases presenting similar symptoms in which such specific origin and character do not exist.

Some cases of cholera may doubtless be the result of irritating ingesta in connection with internal congestion and nervous irritation, as well as of specific germs from without.

It is probable that there is a specific poison which causes typhoid fever, the local habitat of which is the intestinal glands; but I believe we may and do have tedious cases presenting most of the symptoms of typhoid fever, even with local inflammation and ulceration of the bowel, where there is no specific poison.

Tuberculosis may be hereditary or acquired, but cases of chronic interstitial pneumonia and chronic bronchitis may present so nearly the same symptoms as to be mistaken for tubercular disease by the casual observer.

It is not improbable that all the specific diseases may be simulated by the non-specific so closely as to lead to errors in diagnosis in both varieties, and this may account for the great success sometimes reported in diseases usually considered very fatal.

In regard to treatment, it is well to recognize that all diseases caused by specific germs are contagious or infectious, and are generally epidemic or become so. In cases resulting from con-

tagion, investigation will usually disclose the infecting source. In sporadic cases we have reason to consider them of non-specific origin, and as arising *de novo*. Judging by this rule, a good many cases, and possibly some epidemics of so-called scarlatina, would seem to be non-specific, and the same would apply to typhoid fever. A point which may be of some advantage in diagnosis is that in diseases which result from blood-poison the temperature is generally very high and continues high for a number of days. In cases of a non-specific character the temperature is more variable, changing materially within a few hours.

In diseases due to blood-poisoning there is a tendency to prostration, which sometimes occurs very early, before the strength has failed or the tissues wasted. To make this distinction in diagnosis is important, because, knowing the contagious character, we can institute means to prevent the spread of the disease, and knowing the danger from long-continued high temperature and the tendency to prostration in these zymotic cases, we would anticipate and counteract their effects; whereas, in cases non-specific, with no blood-poisoning, the matter of treatment is not so important, and the specific, antiseptic, and antidotal remedies may be omitted.

Much remains to be learned in regard to the proper antidotes for the poisons which enter or are generated within the system in the large class of specific and zymotic diseases.

It is not improbable that the whole class of mycocites are, like pus, innocuous to the system in their simple form, but that they are unstable, running quickly into putrefaction, and that this decomposition results in the formation of soluble poisonous compounds.

The specific treatment would embrace, then, three stages: First, prevention by destroying such germs outside of the body; second, their destruction or removal after they have been generated in the body; and third, the destruction, elimination, or counteraction of the soluble poison in the body.

It is not unreasonable to predict that the time will come, not

far in the future, perhaps, when physicians will be able to prevent, modify, or cure these terrible scourges of mankind as effectually as they can now prevent or modify variola and prevent or cure malarial fevers.

JONESBORO, IND.

ALARMING SYMPTOMS RESULTING FROM EIGHT
GRAINS OF POTASSIUM IODIDE.

BY J. R. WEIST, M.D.

While a few cases have been reported of dangerous symptoms following the administration of medicinal doses of potassium iodide, the number is not so large as to make the following case of no interest:

Miss K., a well-developed unmarried woman, twenty-eight years of age, consulted me because of a swelling of the right parotid gland. The enlargement was small. On discovering a slight scaly eruption on the scalp, I ordered a mixture containing eight grains of potassium iodide in each dose; the mixture was composed of the iodide, syrup, and water. One dose of the medicine was taken at 8 P.M. In less than an hour disagreeable symptoms appeared about the mouth and throat; these increased in severity and new ones were added. At 11 o'clock, three hours after the medicine was taken, I saw the patient; found the symptoms alarming; the pulse was 60 and full; the axillary temperature 95°; face pale; slight edema present over nearly the entire body. The face was markedly edematous, especially the upper eyelids, which were so swollen as to render opening the eyes impossible. There was an abundant secretion of viscid saliva, from which the mouth was cleared with great difficulty. The mucous membrane of the nose was so swollen as to make it impossible to force air through the nasal passages. The lips, tongue, uvula, and soft palate were all greatly enlarged. There was nausea but no vomiting, and much pain throughout the entire abdomen.

Respiration was greatly embarrassed, apparently because of edema of the laryngo-tracheal mucous membrane. The patient would every minute start up in bed, toss the arms wildly about in her struggle for breath. The articulation was so impaired that it was with difficulty she made herself understood. The hypodermic use of $\frac{1}{4}$ grain morph. sulph. greatly relieved the respiration. The hypodermic injection was repeated in three hours and the symptoms of poisoning gradually disappeared, although at the end of twenty hours after taking the iodide, there was still great suffering, the eyelids presenting a greater swelling than I ever witnessed. In seventy-two hours all the apparent effects of the medicine had disappeared. As a matter of experiment I gave this patient, one week after her recovery, *one grain* potassium iodide, and in two hours all the symptoms recorded above, but in a much less degree, were present. These disappeared within twelve hours. A quantity but little greater than the dose first prescribed of the medicine would have, I believe, destroyed the patient.

RICHMOND, IND.

NOTES ON TYPHOID FEVER.

BY J. E. BROWNE, M.D.

In the family of Mr. P. there were, beginning in first week in November, 1881, and ending 18th March, 1882, twelve cases of typhoid fever. The family was a healthy one, living on a very high hill. I can not account for it other than its being an old place, with decayed sills, etc. about the house. Mr. P. said to me that he had not had need of a doctor before for sixteen years.

The first case was Miss—, age sixteen. Had been dull with loss of appetite, chilly now and then with a little fever, and restless at night. I saw her in the second week; found pulse 115; temperature, morning, 102°; evening, 103.5°; tongue dry and

brown; slight tenderness in iliac fossæ; rose-colored eruption over lower ribs and upper part of abdomen; slight bronchial irritation; two to four loose, large, yellow actions in twenty-four hours; no tympanitis. In fourth week the bronchial symptoms grew worse and extended into left lung, giving an intercurrent pneumonitis; temperature rose to 103° - 104.5° ; pulse 130; delirium at night pretty severe. In six weeks from my first visit and eight weeks from attack she was without fever and made a good recovery.

The cases as a whole ranged as to age from nine to forty-five years—three females, nine males. Some of the cases were in active delirium for many days; all more or less so. The disease was very severe in three cases. The bronchitis usual in typhoid fever was present in every case, causing pneumonitis in the first and fifth cases. The latter very severe in lower lobe right lung, the patient dying at beginning of the third week. The stomach in every case tolerated the medicines given along with the milk and other food. There was more or less looseness of bowels in all the cases, but not severe enough to require treatment in but two of the number. Opium was the agent used to control the diarrhea. The actions large, ocher-yellow, and darker. Tympanitis was present in four cases but not great in either one. Tenderness in iliac fossæ in all and very marked in half. Rose-colored spots were observed in but four cases. I detected the spleen was enlarged in two cases. Nothing unusual in action of kidneys except in one, in which there was a slight show of blood. Bleeding from nose and bowels in four cases. The sordes on lips, tongue, and teeth exceeded any thing I had seen in previous cases.

The infectiousness of typhoid fever is to me clearly proved by its course in this family. One after the other of the cases was seized, and as a whole running through months, and every member of the household save two being attacked. An additional point as to the communicability of the disease was furnished by a young lady, living a mile from Mr. P.'s, who sat up at night with the first case. After two weeks watching she began

to complain, gradually grew worse, and under charge of another physician died near the end of fourth week. Shortly after, her sister and a child were attacked and succumbed in about the same time. I feel that I was sufficiently strenuous in urging disinfection, etc., but we all know how difficult it is to have our orders carried out touching these things. I am inclined to the opinion that full doses of calomel *early* in the fever are of decided benefit, but given later they clearly aggravate the bowels, at least they did so in every case of this group, and I believe will always do so if given later than first week. Alcohol served a good purpose in but two cases. Others either did not tolerate it at all or bore it badly. In the two cases in which it was useful it secured quiet when all other means failed. The temperature ranged from 102° to 105.5°. Quinine, in doses of twenty to fifty grains every other evening, clearly reduced the temperature two to three degrees whenever given. In three cases quinine was not well borne. Tepid water was generally used for bathing and uniformly with good results, but not as marked in degree as those following the quinine, besides being a real trouble to have it used as it should be. Digitalis, though systematically administered, seemed of no service in abating heat. Iodine was used without effect either good or bad.

CLOVERPORT, KY.

ON THE USE OF EXTRACTUM PANCREATIS.

BY FRANK C. WILSON, M.D.,

Professor of Physiology, Hospital College of Medicine, Louisville, Ky.

The advantages to be derived from the use of peptonized food in various diseases are too manifest to require discussion. In this paper I merely desire to add my testimony to the efficiency of the extractum pancreatis as prepared by Messrs. Fairchild Bros. & Foster, of New York. Early last spring Mr. Fairchild left with me a sample, with the request that I would

test it. Since that time I have used it quite extensively, and am more pleased with it every day. Five grains of the pancreatic extract will thoroughly digest one pint of milk in one hour, if kept at a temperature of about 100° F. Thus digested, the milk can not be coagulated by acids, showing that the caseine has been converted into albuminose, and is in a condition to be absorbed by the most delicate mucous membrane and assimilated by the most debilitated system.

In the milk indigestion of bottle-fed infants one of the greatest difficulties to be overcome is the coagulation of the caseine of the milk in large masses, which are either expelled by vomiting, or, failing to be digested, ferment and decompose, passing down through the intestinal canal, irritating and inflaming the mucous membrane throughout its entire course. During the past summer I have used the pancreatic extract to meet the indication in such cases, and in several instances I have been able to dispense with all medication. The following case will illustrate its use:

An infant ten weeks old, whose mother had died of typhoid fever when it was only three weeks of age, had for a short time been fed upon breast-milk, but for a week before I saw it goat's milk alone had been given it. For two days it had been vomiting freely, and having as many as twelve to twenty actions a day. It had rapidly emaciated, and was already beginning to assume the old and pinched appearance of infants in the last stage of inanition. The actions were filled with greenish mucus and masses of undigested caseine. I prescribed the *extractum pancreatis*, gave explicit direction as to its use, and ordered no medication. In twenty-four hours the character of the actions changed to the natural smooth yellow color of infancy, decreasing very much in frequency. The natural vivacity of the infant returned, and it quickly regained the flesh it had so rapidly lost.

In cases of typhoid fever I have used the extract with marked benefit, as shown by the marked change in the character of the actions following its administration, the dejections becoming less offensive and more natural in color and consistence. The dis-

comfort and danger arising from the presence of large cheesy masses in the stomach and intestines is avoided entirely, and a much larger proportion of the nutriment taken is appropriated to the system. In contending with typhoid fever, where every thing depends upon the strength of the patient holding out through the natural course of the disease, whatever enables us to add to that strength increases materially the chances of recovery.

In any debilitating disease, where digestion is necessarily impaired, the pancreatic extract may be used with advantage in the digestion of either nitrogenous, starchy, or fatty elements of food.

LOUISVILLE.

FOREIGN CORRESPONDENCE.

My Dear Yandell:

LONDON, September 15, 1882.

The medical year has at last come to an end. The students have laid aside their books and dispersed to enjoy their holidays where diseases do not "taint the murky air." The jaded demonstrator of anatomy at length enjoys the repose he has so laboriously earned. The only men who stand by their guns and do not join in the general stampede are the assistant surgeons to the hospitals, who perform the work of their seniors while they enjoy their "otium cum dignitate," and the house surgeons, who at this time of year have to perform a large share of every body else's work. Only one event of any importance remains. The British Medical Association will hold its fiftieth annual meeting next week at Worcester, the city of its birth, under the presidency of Dr. William Strange, the senior physician to the Worcester Infirmary. The Association was originally founded in 1832, mainly through the exertions of Sir Charles Hastings. It commenced with a little band of three hundred, which has now swelled to about ten thousand, with an organization of branches throughout the United Kingdom, and even reaching to the colonies. The Association has done much for the advance-

ment of medical science during the last fifty years, and has had many pleasant annual meetings. Owing to the fact of its being the birthplace of the Association, Worcester has been chosen as the place of meeting for this its jubilee year. Among other events, a bust of Sir Charles Hastings will be presented to the city by the Association, to be placed in a public building. The oratorio of the "Creation" will be performed in the cathedral by the Philharmonic Society, a garden party will be given by the lord-lieutenant, Earl Beauchamp, and the Countess Beauchamp, and the meeting will close with a *soirée* given by the president, Dr. Strange, and the son of the founder, Mr. G. W. Hastings, M.P. The scientific programme is too lengthy to give, but I hope in my next letter to give you a short account of some of the best papers.

The Army Medical Department are actively engaged in organizing the medical arrangements of the expeditionary force proceeding from this country to Egypt. Eight field-hospitals have been appointed for active service at the front. The transport *Carthage*, which has been fitted up to act as a hospital ship, will be stationed near the base of operations to receive the sick and wounded men, who will be conveyed to the base-hospitals to be established on the hills at Cyprus and at Gozzo, a small island close to Malta, where a hospital was established during the Crimean war. Surgeon-major Spry, M.D., of the Second Life Guards, has been selected to take charge of the household cavalry, whose dress has been completely altered to suit the requirements of a campaign in a hot climate. The quadrupeds too have not been forgotten in the arrangements. One veterinary surgeon accompanies every hundred and fifty horses, and special fringes have been manufactured to protect the eyes of the horses from the flies, which have been one of the plagues of Egypt since the time of Pharaoh, if not longer.

A new surgical needle has been invented by Dr. W. P. Morgan, which possesses some advantages over the one in common use. Instead of the solid "eye," the end of this needle is tubular, the tube opening one eighth of an inch from the end in a

slit one eighth of an inch long. The wire is passed through the tube and out at the slit. Its end is then doubled on itself, and the loop thus made drawn into the slit. If this is done neatly the wire does not make any projection on the needle, and the suture can be passed with a minimum of friction and force. This new needle, however, is not threaded so quickly and easily as the old gutter-eyed needle.

A case of transposition of the heart has recently occurred at South Shields. C. G., a bricklayer, was admitted to the hospital, suffering from pneumonia, with distressing dyspnea and extreme lividity. The heart's impulse could not be detected any where on the left side of the sternum, and the sounds on auscultation were distant and muffled. On examination an impulse was found about two inches below the right nipple and two inches to the right of the sternum. A mitral regurgitant murmur was heard over a limited space. There was no history of pleurisy, empyema, or pericarditis, and the man declared that he had never before had a day's illness. Soon after the patient died. At the post-mortem the heart was found almost entirely to the right of the median line, but natural in size and weight. The aorta ascended to the central part of the thorax, after which it arched at the usual level over to the left side of the vertebra, after which it had the normal course. The pericardium was nowhere adherent; the mitral valve was partially adherent to the endocardium; also the chordæ tendinæ, giving rise to regurgitation. The lungs showed the usual signs of gray hepatization. They were not adherent to the pleura, nor was there any fluid in the pleural cavity. All the other organs were healthy and in their normal positions.

There is an article in the *Lancet* on Marriage and Syphilis by Mr. Frederick W. Lowndes, Surgeon to the Liverpool Lock Hospital. Mr. Lowndes does not give us any new and startling discoveries on this subject, but he places before the profession numerous facts compiled from the writings of Fournier, Jonathan Hutchinson, and other eminent syphilographers who have devoted their time to this most important subject. In the first

place, he gives several instances to prove that the worst cases of tertiary syphilis which we see occur in respectable married women. This is a fact very generally accepted by surgeons of Lock experience. It is also no less remarkable than true that those men who may with perfect safety marry, never having had syphilis at all except in their own imaginations, are those who are most anxious and dubious about doing so, consulting their own and other medical advisers, being with great difficulty persuaded that there is no danger in their marrying. On the other hand, those who take no medical advice on the subject are too often the very ones who ought to do so. Hence it follows that many married women suffer from syphilis, and suffer very severely, the approach of the disease being to them insidious and mysterious, occasioning great reluctance to seek medical advice until much valuable time has been lost.

A somewhat unusual case of a man transmitting syphilis to his wife is the following, which is quoted from Fournier: "A man has connection with a prostitute a fortnight before his marriage. He marries apparently in full health. A fortnight after marriage a syphilitic chancre appears, from which his young wife becomes syphilized. It is a deplorable fact, too, and one which I have known to occur several times in my own experience, that some married men, who know that they have contracted venereal disease from impure connection, are so destitute of honor as to have connection with their wives, fearing lest they should suspect the truth through the cessation of the marital function. By far the most frequent and anxious cases are those of men who have undoubtedly had syphilis more or less recently, and who wish to know whether they can safely marry. We are between two fires. On the one hand, nothing could be more terrible than to incur the responsibility of infecting a pure and virtuous woman with syphilis. On the other hand, to forbid marriage on what may afterward turn out to have been insufficient grounds would be to incur a responsibility only secondary to this. It is generally admitted that no disease is so amenable to treatment as syphilis, and therefore the fact of a man having

had syphilis does not of itself constitute a bar to marriage. The following are given as the conditions under which a man who has had syphilis may marry: 1. Absence of actual specific symptoms; 2. Advanced age of the diathesis; 3. A certain period of absolute immunity since the last specific manifestation; 4. The non-menacing character of the disease; 5. A sufficient specific treatment." He also gives notes of eighty-seven men who, having suffered from syphilis, married and subsequently became the fathers between them of one hundred and fifty-six children absolutely untouched by the disease. In thirty-five of these cases various specific symptoms developed themselves after marriage.

At a meeting of the executive committee of the Darwin Memorial Fund, held at the Royal Society's rooms in Burlington House, it was announced that the total of subscriptions already promised and received amounted to nearly three thousand pounds. It was decided that the memorial should take the form of a marble statue, and a sub-committee was formed to make the necessary arrangements. It was agreed to ask the trustees of the British Museum for permission to place the statue in the large hall of the British Natural History Museum at South Kensington.

Several of the London churches are holding what they term Children's Hospital Flower services. The churches are filled with flowers, grapes, etc., presented by and subscribed for by the members of the congregation. After the service the school children in procession carry round the fruit and flowers to the neighboring hospitals for the sick children, not forgetting those who are ill in their own homes.

There has lately been an animated controversy in the medical papers on the subject of an old injury under a new name. Several surgeons lay claim to the honor of having discovered a new injury, which they term "rider's sprain." They generally allude to rupture of the adductor longus, in most instances near its origin from the os pubis. This accident is very rare in the army, and seldom occurs in men in robust health and riding hard.

From this it may be inferred that it is due to want of muscular tonicity, and from the muscle in that state being suddenly called into violent action by the horse plunging forward when the rider is sitting loosely in the saddle. There is also another new injury, known as the lawn-tennis arm. This is supposed to be a sprain of the pronator radii teres, and to be caused by back-handed strokes with a heavy racket and a heavy ball.

The subject of wound-dressing, the old time-honored subject of debate among surgeons, still crops up from time to time. At one time water-dressings were in favor; then came carbolic oil, antiseptic gauze, tow, etc. The senior surgeon at one of the large London medical schools always applies a poultice to his stumps the day following amputation, and with very excellent results. The weathercock of professional favor is now veering round to infrequent dressing with some dry absorbent material, and absolute rest. Pressure is also steadily gaining ground. The two latest contributions on the subject of wound-dressing are those of Dr. Edward Thomson on Puff-ball and Dr. Lockhart Gibson on Salicylic Silk. A surgeon of large hospital experience told me the other day in the course of conversation that recently he had, after amputation, always tightly bandaged over the stump a large sponge which had been dipped in carbolic oil and rung out till nearly dry. This he left on for a fortnight or more, with very excellent results.

The innominate artery has recently been ligatured by Mr. Wm. Thompson, of Dublin. The patient died on the forty-second day after the operation. This is the longest survival on record except Smyth's case, which recovered. The cause of death was found to be a sinus terminating in an ulcer which involved the anterior wall at the junction of the subclavian carotid and innominate arteries. The aorta was atheromatous. Consolidation was proceeding satisfactorily in the tumor. On looking up the subject I find that I was mistaken about this being the longest survival, for Graefe had a case which survived to the sixty-seventh day.

A proposition has been made to establish a society of the

medical men practicing in the west end of London. Circulars have been issued pretty extensively to solicit attendance in the board-room of the West London Hospital, where the matter will be discussed. Whether the society is intended to be a scientific association or a social club, I have been unable to ascertain.

Reviews.

Transactions of the American Gynecological Society. Volume VI. For the Year 1881. Philadelphia, Pa.: Henry C. Lea's Son & Co. 1882. Pp. 542.

The sixth annual meeting of the American Gynecological Society was held in New York, September 21, 22, and 23, 1881, and was called to order by Vice-president Reamy, President Byford not being at the meeting. Fifty-four fellows constitute the society, of whom thirty-three were present, and fifty-three medical visitors and attendants were made participants in the scientific exercises by special invitation.

At the opening of the first session Dr. Fordyce Barker made the address of welcome, brief, apposite, and pathetic, and then the society went promptly and industriously to work, reading and discussing two papers before the adjournment of the morning session.

In the evening of the second day a session was held to consider some proposed amendments to the constitution. The proposition to extend the maximum number of fellows from sixty to one hundred failed, as did an amendment to no longer require an essay from applicants for membership. For the purpose of permitting an earlier publication of the annual Transactions, the secretary moved that the proofs of papers be not sent to authors for revision, but the motion was voted down. At this distance the proposition of the secretary looks well and as if it ought to have been sustained. If authors were spurred to the finishing of their contributions before submitting them to the society by the knowledge that they would have no opportunity to do so afterward, the proof-readers could be safely trusted to have them correctly in type, and this would enable the secre-

tary to have the volume in the hands of the fellows at the end of three months, instead of, as now, at the end of ten months.

Dr. T. A. Emmett, of New York, was elected president for the ensuing year; Drs. G. H. Lyman, of Boston, and E. Noeggerath, of New York, vice-presidents; Dr. J. R. Chadwick, of Boston, secretary; Dr. P. F. Mundé, of New York, treasurer; and Drs. Garrigues, Trask, Bixby, and Engleman new members of the council.

Boston was selected for the next annual meeting, to begin September 20, 1882.

President Byford was absent, and his official address was read by the secretary as the sixth paper of the series, at the morning session of the second day of the meeting. Dr. Byford is a forcible, not an elegant writer; and while the present address abounds in features characteristic of his good sense, it also furnishes a number of crudities of language in the expression of his sentiments. The address is short. The first moiety is devoted to a running history of the organization of the society and its work for the first semi-decennial period of its existence, claiming for the latter a high plane of excellence and for the fellows an exalted professional standing, and forecasting great achievements for the society in the coming time. The remainder of the address is chiefly occupied with appreciative allusion to the grandeur of the professional character of the late Dr. Ephraim McDowell, and claiming that it is the reasonable duty of the American Gynecological Society to perpetuate his honorable fame in some attractive specific manner, and to this end suggests that every surgeon in the United States who performs ovariectomy shall contribute five or ten dollars for each performance to a McDowell fund to be managed by the society, the interest of which shall be appropriated as an annual prize for lectures or essays on gynecological subjects. For some reason this appropriate suggestion was not acted on by the society, probably because the suggestor was not present. But the idea is too good to perish with its utterance. With a slight modification it ought to be popular with all concerned, and the ensuing

meeting of the Gynecological Society ought to make it a practical reality. Guarded by suitable details, among other things such as would prevent it being an index to a surgeon's business, let the society invite every person who does an ovariectomy in this Union to contribute two per cent of the fee received to the McDowell fund of the American Gynecological Society until the sum realized shall be ten thousand dollars, the usufruct of which shall be applied as suggested by President Byford. Could there be a more graceful or more feasible method of embalming the memory and genius of the great primal ovariectomist who lived and labored and died in Kentucky, but whose fame is the heritage of the civilized world for all time?

Samuel C. Busey, M.D., of Washington, related the case of a Mrs. —, into whose uterine cervical canal he inserted a small laminaria tent, to prevent an anticipated dysmenorrhea, the introduction being followed in a short time with pain, which in forty minutes, when the tent was withdrawn, had risen to an agony, beginning in the womb and speedily extending over the whole abdomen, which was marked with acute sensitiveness. This case he presented as a type of a class of disorders following minor gynecological operations which he entitles "acute hyperesthesia of the peritoneum." Dr. Busey appeared to be in a wilderness of uncertainty whether the disturbance was inflammation, shock, or collapse, and his seemingly misty cogitations on physiology and pathology were not calculated to help him out of the wilderness. He submitted his paper to elicit light, and he was successful. Ten of the fellows entered into the discussion, one of them making two speeches. The name submitted by the author was considered unscientific and *mal apropos*, because simply rehearsing a prominent symptom of the disturbance. Dr. Noeggerath was the ninth speaker, and declared that "the discussion of the paper had called forth remarks on three distinct conditions: 1. True peritonitis; 2. True neuralgia of one or the other tracts of nerves supplying the peritoneum and its contents; and 3. Neuralgic affections of the uterus;" and he considered that Dr. Busey's case belonged to the second class—true neu-

ralgia. Dr. Emmet probably voiced the prevailing sentiment of those present in these words, "I should judge, from the fact that in Dr. Busey's case the sensibility was increased, it was more like a hysterical condition than a true inflammation." While it was conceded that very severe symptoms frequently followed exceedingly slight operations, or even manipulations of the womb, Dr. Emmet insisted that in such cases there was always a condition of peri-uterine adhesion, the sequent of precedent inflammation.

"Exploratory Puncture of the Abdomen" is the title of an essay by Henry J. Garrigues, M.D., of New York, the paper being a condensed report of the examination of the fluid of ninety-four ovarian and other cysts wherein a correct diagnosis was determined by such examination. About two thirds of these specimens were from ovarian cysts, but the remaining third covers eighteen varieties of sources of supply. Fifty-seven specimens were obtained from operations and thirty-seven by tapping; and the writer recommends tapping in all doubtful cases where correct diagnosis is important, and gives specific directions for the procedure. He recognizes possible dangers in tapping, but insists that the value of the information obtained in appropriate cases so far outweighs the danger that an exploratory puncture ought not to be neglected. The examination was macroscopic, microscopic, and chemical. His conclusions in some particulars do not accord with those of other investigators in the same field, particularly in regard to the value of certain ciliated epithelial cells in the fluid to differentiate cysts of the broad ligament from those of the ovary.

Discussion of Dr. Garrigues' dissertation was long and interesting. Dr. Sims esteemed it a valuable paper, and so did Dr. Drysdale; but the latter claimed that after years of labor in the same field he had arrived at conclusions that differ from the author, and he promised to prepare a paper embodying his views and submit it to the next meeting of the society. Dr. Howard called attention to the fact that in 1878 Mr. T. Spencer Wells made an erroneous diagnosis in a multilocular ovarian

cyst, notwithstanding he had the assistance of so eminent a microscopist as Mr. J. Knowsley Thornton to examine the fluid.

The discussion was animated on several points, but the most striking differences of opinion were enunciated in relation to tapping by eighteen of the fellows, about one half of whom held that it was a dangerous procedure, only to be tolerated in exceptional cases, and in this connection some strange experiences were narrated; while, on the other hand, an equal number of fellows asserted that tapping was usually a harmless operation, often valuable in sundry directions, and only mischievous in occasional instances, and fortified these positions by the rehearsal of extraordinary benefits following the operation.

The general practitioner will find much that is instructive in the essay of Dr. Garrigues, and in the discussion it excited a great fund of information.

From 1875 to 1880 there were treated in the Boston City Hospital one hundred and forty-six cases of pelvic effusion, forty-one of which were on admission, or soon after became, cases of pelvic abscess. G. H. Lyman, M.D., of Boston, presents these forty-one cases under the title of "Notes on Cases of Pelvic Effusion resulting in Abscess." Before detailing the cases in severalty he discusses the points involved, and presents the lessons they teach, arriving at these conclusions: 1. That pelvic effusions are extremely frequent, and generally absorbed without being recognized; 2. That it is of prime importance to recognize the advent of suppuration, in doubtful cases using the aspirator as a means of diagnosis; and 3. That suppuration being detected, the pus should be promptly evacuated, and by puncture through the vagina if possible.

The discussion of the paper elicited six speeches from as many of the fellows and a closing one from the author. Dr. Smith sustained the views of the essayist; had seen no bad results follow an attempt to find pus through the vaginal wall, while the danger from spreading suppuration was great. Dr. E. Wilson did not interfere until abscess was well developed. Dr. Barker operated early, whether the effusion be serous or purulent; had

seen important benefit from removing one or two drams with hypodermic syringe. Dr. Mundé had previously publicly advocated early operation where one suspected pus, and had been sharply criticized, but time and the fellows who had spoken vindicated his ideas of practice. Dr. Van de Warker called attention to the fact that after spontaneous opening of the sac it was sometimes necessary to cut into it to complete its evacuation. Dr. Emmet was earnest in the declaration that "pelvic inflammation accompanies, directly or indirectly, almost every uterine condition we are called upon to treat, and there are degrees of this inflammation, often light in extent, the importance of which the profession, as a whole, does not yet recognize." He was not much given to early exploration in effusions, declaring that "a few years ago I introduced the trocar without hesitation, but the older I grow the more conservative I become, and I now hesitate before inserting even a hypodermic needle into the connective tissue of the pelvis." Dr. Lyman, in closing the debate, insisted on the correctness of his original position of the propriety of early exploration in pelvic effusions, saying, "We do not always get the pus, it is true, but I have yet to see a case in which I have regretted aspiration."

From this interesting paper and the remarks it called forth, one draws the inference that a prudent general practitioner should be cautious in puncturing pelvic abscesses through the vagina until he is sure of imprisoned pus.

A long article by Nathan Bozeman, of New York, is entitled "Genital Renovation by Kolpostenotomy and Kolpoecpctasis in Urinary and Fecal Fistules." The general practitioner with Greek proclivities will be advertised by the imposing title that the subject is outside the range of his ordinary professional exercises, and as this article is only the first installment of the author's labors, all classes may safely postpone a close study of the theme until the dissertation shall be completed, which is promised in a future communication.

"Forcible Elongation of Pelvic Adhesions," by Ely Van de Warker, M.D., of Syracuse, N. Y. Having diagnosed post-

uterine adhesions which are wrecking the health of the victim, Dr. Van de Warker inserts a sound into the uterus, the curve made to stand forward; then by steady traction carries the viscus forward and upward to its limit above the pubis. This stretches the adhesions as far as can be. Twelve of the fellows made speeches on the paper, but no one favored the procedure advocated by the writer, while several were pointed in condemnation. The discussion disclosed the fact that so far as the participants were indexes of expert opinions of the frequency, nature, and means of relief of post-uterine adhesions, they take a wide, conflicting range, and evincing that gynecologists as a class have nothing approaching a unity of sentiment on any one point involved.

Isaac E. Taylor, M.D., of New York, presented an illustrated paper on "Lupus or Esthiomène of the Vulvo-anal Region." He regards lupus as essentially a local disease with a possible constitutional accompaniment, but is not prepared to affirm or deny a relationship with either scrofula, syphilis, or cancer. In treating the superficial serpiginous variety, he favors the application of the solution of the pernitrate of mercury, and the tumor-like variety he excises with his crushing scissors and applies some escharotic or the brown-red heated cautery.

Dr. Byrne treated these cases with the galvano-cautery, and Dr. Kimball favored the same method.

William Goodell, A.M., M.D., of Philadelphia, narrates three cases of "Bursting Cysts of the Abdominal Cavity," accompanied by marked peculiarities, and on these he founds the doctrine that where a cyst bursts into the peritoneal sac, and the patient recovers, as a rule such cyst should be regarded as parovarian or of the broad ligament, and not ovarian, and this because the contents of true ovarian cysts are so irritant as to cause a fatal peritonitis, while the fluid held by the other cysts is so mild as to excite only sufficient abnormal activity in the peritoneum to cause its absorption, and it is then eliminated through the kidneys for the most part.

An animated discussion followed the reading of this paper,

the speakers generally affirming the writer's points, and where not so doing leaving the facts and arguments in his favor.

Dr. Goodell's article is pregnant with things of value to the general practitioner, the complete understanding of which would help him out of an occasional puzzle corner in practice too close for comfort if not for reputation.

Henry F. Campbell, M.D., of Augusta, Ga., in June, 1872, had a patient with a severe surface erysipelas, who, during the continuance of the disease, was delivered of an eight-months' fetus, and did not have puerperal peritonitis. This result has been a source of astonishment to him from that day to this, owing to his conviction that "erysipelas and puerperal peritonitis being one and the same contagium," and during the whole period he has been in a state of dubiety as to whether the fortunate termination of the case was due to the patient's anomalous energy of resistance to the poison or to the medication instituted at the time. The treatment was of a character, certainly, to make some kind of an impression. For the first day the patient took $\frac{1}{2}$ gr. morphia, to be repeated as often as necessary to relieve pain, 140 grs. soda bicarb. every three hours, and a seidlitz powder; externally, patent lint soaked in a solution of sod. sulphite, 22 grs. to the $\frac{3}{4}$ i, applied to the surface and covered with oiled silk. Second day same as first, with the addition of 25 grs. quinia and an unnamed amount of pot. bromid. Third day same except but 20 grs. quinia. Then for a number of days the lotion withdrawn, and two doses of bicarb. soda and two of quinia, 5 grs. each, were continued.

Dr. Mary Putnam Jacobi shed a ray of light on the dark picture in the author's mind by announcing "the fact that erysipelas is primarily a disease of the lymphatic system, and may be confined to that system without the blood becoming affected," and Dr. Goodell expelled all obscurity by stating that "phlegmonous, not surface erysipelas, and puerperal fever are convertible terms." Five other fellows spoke to the question, but nothing new was advanced.

An admirable specimen of composition, covering a perspic-

uous presentation of the salient points of his subject without unnecessary verbiage, is found in an article by T. Gaillard Thomas, M.D., of New York, bearing the title "Expansion of the Bladder over the Surface of Abdominal Tumors, and its Attachment to them or to the Abdominal Walls as a Complication of Laparotomy." In these cases the bladder becomes attached to the tumor while it is small in the pelvis, and as the tumor develops upward it carries the bladder with it, and as the tumor spreads the bladder spreads with it and covers the front of it like an apron. Dr. Thomas found only seven cases of this character on record, and in each case the bladder was unwittingly opened and a fatal termination ensued. In November, 1880, Dr. T. operated for a large multilocular ovarian tumor, and by virtue of exceptional cautiousness and acumen detected the bladder closely attached to the tumor as high up as midway between the umbilicus and the ensiform cartilage. The attachment was so close that no distinction could be made between tumor and viscus until he opened the bladder and with inserted fingers determined its limit and guided the knife in severing its attachments. After removing the tumor the incised edges of the bladder were brought into the opening of the abdomen and sewed up together, the walls of the abdomen serving as a clamp to secure the opening in the bladder. The patient recovered completely in three months. One can not imagine a more intelligent, skillful, or successful operation in an apparently desperate case than is detailed in this one.

In the discussion Dr. Kimball related three fatal cases of his own, and a successful one in the hands of a young physician in Providence that was truly remarkable in several particulars. Dr. Engleman reported two cases, both successful, and Dr. Goodell one fatal. So the debate brought out as many new cases as had before been published, making, with Dr. Thomas's, fifteen cases altogether, four of which were successfully managed. The inference is that this complication is more frequent than has been recognized heretofore, and certainly it is shown to be a most serious one.

"Fibroid Polypus with Partial Inversion of the Uterus, with Specimen," was the heading of a paper by Thaddeus A. Reamy, M.D., of Cincinnati. This was a case where a fibroid tumor attached to the fundus of the uterus had, by pains simulating labor about four months before the doctor saw it, been forced down into the vagina, completely filling that canal and pressing upon the floor of the pelvis. There were several unusual points so difficult of diagnosis that with most watchful care a mistake in situation was made, and only an accident saved the womb from ablation. Intelligent observation and skillful manipulation successfully completed a difficult operation, and the patient made a good recovery.

In the discussion several fellows detailed their experiences in related cases, some of them suggesting how Dr. R.'s case might have been more easily or better managed; but in closing the debate he satisfactorily disposed of all such suggestions, displaying a clearer insight into all the intricacies of his case than was manifested by any of his critics.

Albert H. Smith, M.D., of Philadelphia, is an enthusiast on uterine forceps and their use. He contributes an article of some length on the subject to this volume, largely devoted to a historical review of them, and especially insisting that Tarnier's is not a valuable practical instrument, and declaring furthermore that an instrument involving the same principle was constructed by Osiander in 1799, and a better one by Herman in 1844. Dr. Smith is an earnest advocate of "axis traction" in delivering a child with forceps, and in this all obstetricians agree with him; and he is equally positive in condemning all oscillatory or pendulum motion while making traction, and in this many accoucheurs disagree with him theoretically, and most likely about all of them practically. He, however, makes a vigorous and forcible argument in support of his views. He claims that the Davis forceps is the best in use, alleging that with it all the good that any forceps will permit can be accomplished.

A lively debate obtained on this paper, Dr. E. Wilson fully sustaining the author in his estimate of Tarnier's instrument,

Dr. J. E. Taylor occupying nearly the same position, Dr. Reamy holding views similar to Dr. Smith, while Drs. Lusk, Barker, Howard, and Thomas accorded to Tarnier's instrument a high degree of merit, though not all holding it in equal esteem. One of the polemics came near covering the whole ground when he declared in substance that if the theoretical knowledge and practical skill of the operator were all right forceps of many patterns would answer.

A plate with fifteen figures picturing forceps of various ages and styles illustrates Dr. Smith's communication.

In the Transactions of 1879 A. D. Sinclair, M.D., of Boston, had a paper detailing the measurement of the uterine cavity in childbed in one hundred and eight cases, and he now communicates the result of his labors in the same line in two hundred and sixteen additional cases. The measurements were made in the Boston Lying-in Hospital, and usually on the day the patient left the institution; that is, an average of about the eighteenth day after confinement, and the average of the depth of the cavities was 3.26 inches. The reporter proposes to continue his researches until his examples number one thousand, when he will sum up and proclaim the lesson he deduces from his investigation. The paper was submitted without reading.

J. W. Underhill, M.D., of Cincinnati, presented a paper on "Jaundice in Pregnancy," reporting four cases, and arguing that the disorder was due to acute yellow atrophy of the liver more frequently than was generally recognized. Lack of time caused this paper to be sent to publication without being read to the society.

"The Practice of Gynecology in Ancient Times," by Edward W. Jenks, M.D., LL.D., of Chicago, is a paper of some length, entering into a review of the history of the development of so much of medical science as pertains to the department of gynecology, and maintaining that it was abreast with other departments from the earliest historical periods; and with them, perhaps more than others because of the peculiar social condition of women under the Mohammedan creed, it degenerated into great

obscurity during the dark ages, to revive with the general renaissance of knowledge; but not until the nineteenth century did it fruit out into the noble harvest of usefulness it now presents, and occupy the advanced position which it now holds, with its labors executed by hands evolved to a skillfulness equal to the highest. After a general introductory view of the subject, the author goes into a more particular detail under twenty-one sub-heads, which enables him to cover the ground with less confusion and present certain points with a special prominence they seem to deserve: The article has attached two plates with fourteen portraits of ancient gynecological instruments and an allegorical picture from Rueffus, a unique design of unusual merit representing the Temptation, as a frontispiece. There is also added a special bibliography enunciating twenty-eight books that the student of history who wishes to pursue the study may consult.

There is nothing in the minutes of the proceedings of the society to indicate that the essay of Dr. Jenks was before that body, but its appearance in the volume of Transactions signifies that such a presentation was not necessary to its publication.

Beside the foregoing there are six other papers in the volume which were presented to the council by six successful applicants for fellowship in the society. These are: Can Lacerations of the Cervix Uteri be Prevented? by W. M. Polk, M.D., of New York; A Point in the Management of the First Stage of Labor, by Walter R. Gillette, M.D., of New York; The Treatment of Chronic Perimetritis by Puncture and Iodine Injections, by Chas. C. Lee, M.D., of New York; The Mechanical Action of Pessaries, by Frank P. Foster, M.D., of New York; Mania Lactea, with Report of Two Cases, by Edward Warren Sawyer, M.D., of Chicago; A Contribution to the History of Combined Intra-uterine and Extra-uterine Twin Pregnancy, by B. B. Browne, M.D., of Baltimore. Then follow an index of this volume, an index of Gynecological and Obstetric Literature of all countries for 1880, an index of Obstetric and Gynecological Journals, and an index of Obstetric and Gynecological Societies. These indexes give the idea of a very complete condition of the annexes

of the volume, and yet it would soften the task or rather heighten the pleasure of the general reader seeking exact information in the work if a glossary of the new terms coined during the year and put in circulation in the Proceedings were added to the pages of references and explanations. Specialists of all classes are so prone to go outside of dictionary words or definitions for the means of precision in expressing their fresh ideas that a glossary should be deemed a necessary attachment to every volume of transactions of their formal proceedings.

The volume as a whole impresses one favorably, conveying the idea that the fellows as a body are full of energy and *esprit de corps*, and as individuals are bright and independent in observation and expression, and yet without any visible signs of personal antagonism.

J. F. H.

The Science and Art of Midwifery. By WILLIAM THOMSON LUSK, A.M., M.D., Professor of Obstetrics and the Diseases of Women and Children in the Bellevue Hospital Medical College, etc. New York: D. Appleton and Company.

A year has passed since this work was published, but other duties have prevented our noticing it in the pages of the AMERICAN PRACTITIONER until the present. While this delay is greatly regretted it may be in part compensated by the maturity of the judgment now given.

The high opinion first formed of Dr. Lusk's Midwifery is fully confirmed by a careful examination. The work is especially rich in bibliographic references; in this respect it surpasses Dr. Bedford's Principles and Practice of Obstetrics, and that is the only American obstetric volume thus enriched. The author has drawn largely in these references from German authorities, so largely, indeed, that in reading the book we have sometimes wished he had told us what some plain American Brown or Smith had done or said instead of the frequent Spiegleberg, or Schroeder, or the occasional Hegar, Ahlfield, Gusserow, Litz-

mann, and others, and the horrid Wallichs, Zuelzer, Eigenbrod, Slavjansky, Kaschewarowa, and a multitude more of writers of to the great majority of the medical profession in this country utterly inaccessible German monographs and in journals. Possibly these references are valuable to one man in a thousand, but the average reader does not care to be invited by a star or driven by a dagger, or some other of the numerous type-setter's devices, to the foot of the page every few sentences to find the authority for a particular statement. If it be not a matter obvious to his common sense or already known to him, he is quite willing to trust his faith to the able author. A text-book is not an argument before a court, and does not need a great array of authorities to enforce its teaching.

The order pursued by Dr. Lusk is not that usually pursued by obstetric writers or teachers. For example, he begins with the female organs of generation; then follow in succession the development of the ovum, the physiology of the fetus, changes effected in the maternal organism by pregnancy, the diagnosis of pregnancy, the management of pregnancy, the physiology of labor and its clinical phenomena, while the anatomy of the pelvis is given in the eighth chapter under the general head of the mechanism of labor. This to us seems an unnatural and unwise transposition.

The practical part of the work is admirable. We hardly find a single lesson from which we would dissent. Dr. Lusk shows in all this department of the work not only remarkable learning but also wise experience.

The illustrations generally are very good; many of them are new to American students. However, good as these illustrations are, we see no reason for giving some of them twice; that seems like too much of a good thing. Figure 216 is the same as figure 133; figures 63 and 64 are called on duty again as figures 106 and 107; figure 35 also appears as figure 50. Another thing as to the illustrations: Figure 65, which also appears as figure 112, is attributed to Tarnier and Chantreuil, but they credit it to Ribemont. Tarnier in the last fasciculus of the admir-

able work begun by himself and the lamented Chantreuil, calls attention to the fact that two illustrations taken by Dr. Lusk from a previous fasciculus should be credited to Pinard.

Dr. Lusk's style is clear, generally concise, and he has succeeded in putting in less than seven hundred pages the best exposition in the English language of obstetric science and art. The book will prove invaluable alike to the student and to the practitioner.

Having said this much in general commendation, we now propose to call attention to a few errors, as we believe, errors probably of no great moment, but which may be readily corrected in some of the subsequent editions which are sure to be required by the profession.

On page 2 vulva is said to be so called from "*valva*, the folding-door of the ancients." But was not the term first *volva*, from the Latin verb *volvo*, and used to signify the covering of a seed or of the young of animals, and then applied especially to the uterus and vagina? *Valva*, though from the same root, is an afterthought. The vestibulum is said to be an angular space; but is it not better described as a triangular space? The following sentences are on page 21: "Externally, the ovary is surrounded by a fibrous coating, the so-called *tunica albuginea*. In the first three years of existence, however, the albuginea is wanting." Because man's testicles have each a tunica albuginea is it necessary that the *testes muliebres* be similarly invested? Let a quotation from the last edition of Sappey's *Traité d'Anatomie Descriptive* answer the question as to the tunica albuginea of the ovary: "In 1862 and 1868 I gave myself to demonstrating that the ovary of woman had no tunica albuginea; that that which had up to then been taken for a simple fibrous envelope was a glandular layer analogous to the seminiferous ducts; and I gave it the name of ovigenous layer, now generally accepted. But such is the power of secular errors that they survive in spite of the evidence of the most convincing facts."

On page 37 Dr. Lusk makes the formation of the *corpus luteum* one of the factors in causing rupture of the Graafian

vesicles; but the teaching of Dalton is, the corpus luteum is not formed until after the rupture. Henle's estimate of the number of ova in each ovary is given twice, but no mention is made of the vastly larger number shown by Sappey.

On page 41 it is stated that "the *semen*, contact with which is essential to the fecundation of the ovum," etc. But is this true? Contact is not enough, and certainly contact with the semen is not necessary; the ovum must be penetrated by a spermatozoon in order to fructification. On page 43 segmentation of the ovum is described and illustrated as taking place with the formation of equal spheres; but the researches of van Beneden show that the ovum is first divided into two unequal spheres. On page 62 four visceral clefts are said to include between them four visceral arches; but how can four be thus included by four? According to Sappey there are usually on each side four clefts and five arches; thus the inclusion of the former by the latter is explained.

In chapter ninth we are told that vertex, face, and pelvic presentations are included in the category of natural labors; and then, only a sentence intervening, that vertex presentations alone are to be regarded as normal. Of course, the other two presentations mentioned being abnormal, how can labor in such condition be natural? Two varieties are, unnecessarily as we think, made of pelvic presentations, viz. breech and foot.

In considering the mechanism of labor the author states that "this mechanism in head presentations is usually described as consisting of a series of acts, termed respectively descent, flexion, rotation, external restitution, expulsion of the trunk." But head presentations include those of the cranium and also those of the face, and therefore obvious errors in the mechanical phenomena as given. Further, those who describe these as belonging to a cranial presentation place flexion first, not second. Finally, external restitution has with most obstetric writers given place to external rotation; indeed, on page 176 Dr. Lusk describes the movement in question under the head of external rotation, so that possibly restitution was a typographical error.

In describing extension Dr. Lusk says, "When the resistance of the anterior bony wall is no longer encountered, the surface of the child's head glides forward upon the perineum as upon an inclined plane, and describes a circle beneath the pelvic arch, of which the sub-occipito-bregmatic diameter forms the radius." In the first place, no circle is described, or the child's head is back at its starting-point. Next, a circle can not be described by the head under the pubic arch. Finally, the movement is one in which "the sub-occipital region pressed against the middle of the pubic arch, and advancing slowly, wheeling around a point somewhere about the center of the symphysis pubis, the region of its vertex is advancing rapidly in a larger circle, wheeling around the same point." There are, as pointed out by Matthews Duncan, from whom we have just quoted, three diameters successively increasing—the sub-occipito-vertical, sub-occipito-bregmatic, and then the sub-occipito-frontal, each of which describes the segment of a circle in the process of extension: they are all sub-occipital diameters, and it must be borne in mind that the portion of the head which is pressed against the pubic arch is not a *point* but a *region*, the part between the occipital protuberance and the neck. The comparison of the perineum to an inclined plane upon which the head glides does not seem to us a good one, for the head is forced to ascend by the resistance of the perineum to uterine and abdominal contractions. In referring to expulsion of the body the author states that the shoulders are delivered simultaneously, but we believe with Pajot that the anterior or pubic shoulder is disengaged first, representing the occiput. We observe a slight error in giving Pinard's statistics of face presentations, three hundred and twenty in eighty-one thousand seven hundred and eleven confinements; the first number should be three hundred and thirty.

In considering "the premature expulsion of the ovum," the author limits abortion to the expulsion of the ovum in the first three months; if such expulsion occur in the fifth, sixth, or seventh month, it is immature delivery, or miscarriage. This

is going backward; such distinctions belong to the past and should be buried with it.

But it is not necessary to prolong these criticisms, which, as is readily seen, relate mainly to minor matters. In all important respects the book deserves the highest commendation, and that commendation we heartily give.

One word more; for just as we were laying aside the work a passage in the thirty-fourth chapter relating to the treatment of prolapsed funis met our eye: "Instrumental replacement is apt to prove a veritable labor of Sisyphus." What does Dr. Lusk mean by relieving the Danaides of a duty to which Naegele assigned them many years ago, and Depaul has continued them at their work? The Danaides were to carry water in a sieve, and the comparison of the cord replaced but prolapsing to their task was good enough. But now to call in Sisyphus is one of the strangest liberties with ancient mythology. We invoke Homer to justify our assertion, and we think our readers, after perusing the following lines, will conclude that if Sisyphus must be admitted in obstetrics, he ought to be given some heavier task than Dr. Lusk has assigned him:

"With many a weary step and many a groan
Up the high hill he heaves a huge round stone;
The huge round stone, resulting with a bound,
Thunders impetuous down, and smokes along the ground.
Again the restless orb his toil renews,
Dust mounts in clouds and sweat descends in dews."

We beg Dr. Lusk in the next edition of his *Midwifery* to restore the Danaides and to remand Sisyphus to the shades of Hades.

Clinical Lectures on Senile and Chronic Diseases. By J. M. CHARCOT. Translated by WM. S. TUKE, M.R.C.S. With plates and woodcuts. The New Sydenham Society, London. 1881. One volume. Pp. 307.

This work deals especially with the diseases incidental to the period of bodily decline. It is written by a master and in a

masterly way. The translation is excellent and, in the words of Charcot himself, is both elegant and faithful.

In twenty-four lectures the author treats of a number of practically important subjects. Beginning with a consideration of the general characters of senile pathology and the febrile state in old age, he then takes up nodular rheumatism and gout, and discusses the latter in its various aspects and relations. Acute and chronic rheumatism in their varied forms receive a large share of attention. Three lectures on cerebral hemorrhage and softening of the brain, the morbid anatomy of cerebral hemorrhage, and on diffuse periarteritis and miliary aneurisms close this attractive and really useful volume.

Much attention has been given to the diseases of childhood, and numerous excellent works have been devoted to this department of pathology, but senile diseases have been comparatively neglected, and in working up this fruitful field the author has made a most valuable contribution to medical literature.

The title of the book sets forth that the lectures it contains are clinical, but this they are not, except in name, and the references to cases are but few. The volume is uniform with all the Sydenham Society publications, and hence every thing that could be wished in the way of paper, typography, and binding. The illustrations are fine and original.

A Practical Treatise on the Diseases of Children. By J. FORTYH MEIGS, M.D., late one of the Physicians to the Pennsylvania Hospital, Consulting Physician to the Children's Hospital, etc., and WILLIAM PEPPER, M.D., LL.D., Professor of Clinical Medicine in the University of Pennsylvania, Physician to the University, to the Philadelphia, and to the Children's Hospitals, etc. Seventh edition, revised and enlarged. Philadelphia: P. Blakiston, Son & Co. (successors to Lindsay & Blakiston). 1882. Pp. 1054.

This work has been so long before the profession, and the editions it has passed through, having now reached the sev-

enth, make it clear that its claims to respect and favor are established on a firm foundation. It might therefore suffice simply to call the attention of our readers to this new edition and to point out in what respects it differs from its predecessors. Yet there is room for something more. While there are so many other excellent text-books on the diseases of children, it is to be presumed that a certain number of physicians may have relied exclusively on some of these and have not become personally acquainted with this work.

In the present edition is a new article on food, in which the subject of condensed milk is carefully considered. The article on thrush has been rewritten. In this the authors take ground that "it is a constitutional disease, and that the local symptom from which the disease has derived its English name is merely one of the phenomena of deep and widespread perversion of the general health." They also believe that the want of a sufficient supply of water in much of the artificial food used for very young infants is an element of its causation. According to these views the constant presence of the "*oidium albicans*" in the curd-like exudation is an effect of the morbid process of the disease instead of being its cause. This is rather retrogressive pathology. There are two facts which prove its incorrectness: 1. In many cases there is an entire absence of the phenomena of deep and widespread perversion of the general health which the authors regard as the essence of the disease, and when these occur they are generally developed late and are really secondary; 2. In the majority of cases the disease is readily curable by means of remedies directed toward the destruction of the parasite and the removal of the curd-like masses containing it.

An article on rōtheln has been added which is timely and contains the gist of what has been written on this affection.

The section on skin-diseases has been rewritten and is as good as could be expected in view of the limited space that could be accorded this class of diseases in a book which would have been quite large even had this section been omitted. Indeed, such a course would perhaps have been preferable, for

nowadays every physician has one or more works on cutaneous diseases; besides, the authors do not make mention of that which the reader would especially look for, namely, how skin-diseases in children differ from the same affections in adults. Hence this article simply serves the purpose of "padding."

Mumps is defined as an acute febrile specific disease, contagious and epidemic, but no mention is made of recent investigations showing that parotitis epidemica depends upon a peculiar vegetable miasm.

On the whole, the work may be considered as the most exhaustive *resumé* of the present state of knowledge relating to children's diseases. Its value as a practical guide in this department of pathology would not have been impaired had the distinguished authors been less profuse in quotations of the opinions of others, while the bulk and cost of the book would have been considerably less. Many crudities of style and inaccuracies of expression may be overlooked in a first edition, but when the seventh has been reached the authors have had ample time to correct and weed out such defects. To designate as "the easy classes" those persons who are pecuniarily in comfortable circumstances is not more correct than to speak of the less affluent as the "difficult" classes. The authors speak of children prematurely born as premature children; they are usually the very opposite of the latter, etc.

The arrangement of the vast mass of material and the manner in which it has been utilized is generally excellent.

To the young practitioner especially the work will recommend itself on account of the comprehensive, clear, and, as a rule, practical directions as to treatment; and the numerous formulæ given in connection with almost every disease will also be much appreciated by a large class of readers.

Clinic of the Month.

THE DIAGNOSIS AND TREATMENT OF CHRONIC INFLAMMATION OF THE OVARY.—Mr. Lawson Tait, F.R.C.S., writes in the British Medical Journal:

We all know that in its healthy state the ovary is just like the kidney—it is an organ of the existence of which the owner is profoundly ignorant. Unless it become diseased it gives no sensations which indicate its existence, but when diseased no organ of the body gives such discomfort; and its diseases are often fatal, this result being by no means confined to cystoma.

Acute inflammation of the ovaries is often fatal, and when not fatal it generally leads to a state which makes lifelong misery. Though I have seen cases in which no history of an acute stage could be obtained, yet, like the same disease in other organs, chronic inflammation of the ovaries generally begins in the acute form.

The origin of the acute disease is various. It may be in a simple chill, in a hematocoele, in an attack of gonorrhea, in some exanthematic fever, or in miscarriage or childbed. The last two sources are by far the most common, and they present two specific varieties of the disease—interstitial oöphoritis and perioöphoritis.

Many of the cases of acute oöphoritis undoubtedly recover and leave no mischief behind, but in others the permanent mischief gives rise to suffering which to men is fortunately inappreciable. Most patients will fix a date from which they will say they have never known what it is to be well. A woman who has had acute exanthematic oöphoritis, with permanent mischief, will say that since she had the smallpox, scarlet fever, or acute rheumatism she has never had her periods as she used to have them. For a time they were more profuse than before; then they became scanty and painful, the pain increasing as time went on, lasting a week or even two or three weeks in every month, rendering her utterly miserable, and being relieved by nothing but narcotics. We examine the pelvis, and find perhaps nothing at all. We give her iron and tonics and all sorts of drugs, and she is no better. She goes to one specialist, and he divides her cervix, or

amputates it, without relief; to another, who puts in a galvanic stem; to another, who applies some useless pessary; and so on, all in vain. If she marry she does not become pregnant; if she be in the better ranks of life, rest and luxury, with constant change of scene, make her life endurable; but if she be the wife of an artisan her lot is one long unhappiness till the climacteric period is passed; and during that period of trial many of these women become drunkards.

Cases of chronic disease arising from acute perioöphoritis give usually more specific indications, at least to one accustomed to pelvic examinations. Suppose that it has arisen in some attack during the puerperal month, the patient will say that she was ill with "inflammation of the bowels," and was a long time in getting about; that she has never been pregnant since, and is hardly ever free from pain. The majority of these cases occur in primiparous women, and therefore the first feature in the case to be noticed is often that the patient has had one child soon after marriage and has never again become pregnant. If the patient be living a married life and bearing children, that alone is proof that she is not a victim of this disease, for it uniformly unsexes the sufferer as far as maternity is concerned. It also unsexes its victims for marital life in all severe cases, for they can not endure it; and in the milder cases they can not get well as long as they have to submit to it.

As far as general symptoms are concerned they are rarely free from pain; and this is generally intensified during the menstrual week, for the reason that the tubes are always involved. In most of the cases the tubes are chiefly at fault, for I often find the ovaries cystic or shriveled, so as to be of little account in explaining the symptoms. There is always pain in the left side in the groin, for if one ovary be affected it is sure to be the left. In the exanthematic cases we have to trust almost entirely to the story of the patient, to subjective symptoms, and therefore in this class of cases mistakes will be made until we arrive at a more perfect method of diagnosis. In the second class of cases, however, the objective conditions are easily recognized by the practised finger. A fixed and tender mass, composed of the enlarged and probably adherent ovary, or of the occluded and distended tube, will be felt on one or both sides of the uterus through the vaginal *cul-de sac*, and the peculiar sickening pain felt by the patient when the mass is touched will afford conclusive proof as to its nature.

What is to be done to relieve such cases? The general principles of treatment are those applicable to all such conditions, in whatever part of the body they are met with. The first of all is rest; but unfor-

unately we can not rest the ovaries or the fallopian tubes. The former will go on trying to fulfill their function of ovulation, and every month, or oftener, the inflamed organs are temporarily congested by the occurrence of menstruation. Much may be done, however, by absolute rest in bed for the whole menstrual week, and absolute abstinence from intercourse. It is very rare, however, that we can persuade patients to carry out this regimen long enough, and hospital patients will not attend to it at all; indeed, they can not. Counter-irritation by blisters or setons is also to be tried. The only drugs of the slightest use are bromide of potassium and ergot.

After a persistent trial of these without benefit, there remains for consideration the question of removal of the diseased organs—a proceeding which is based on the soundest and most completely accepted rules of surgery. Let us take a perfectly parallel case. From some injury or gonorrheal infection an eye becomes acutely inflamed, and the acute process is followed by intractable chronic inflammation of the structures of the globe—a matter of every-day occurrence. The ophthalmic surgeon removes the diseased organ, to save the patient's discomfort, perhaps the sight of the other eye, perhaps his life. He mutilates the patient most seriously in that part of the body where mutilation is most dreaded. He removes a diseased and useless structure. We remove inflamed and useless ovaries and tubes to relieve suffering, in some cases to save life; and we do not mutilate our patients half so seriously as is done in the removal of an eye. The removal of a diseased eye often fails to save the other, and is then a useless operation. Removal of a cancerous eyeball is always a useless operation, for the disease always returns.

Removal of the inflamed uterine appendages may yet turn out to be a failure for some cases, but it never can be so bad as the removal of an eyeball for cancer; and in the hands of experienced operators the operations have quite an equal risk. Besides this, the operation for the removal of the uterine appendages is as yet in its infancy; we have very much to learn about it; yet in spite of this, in my hands, of thirty-five cases performed for chronic inflammation there has only been one death, or a mortality of 2.85 per cent—a mortality which, I have some reason to believe, is less than that of excision of the eyeball. This one death was due to causes entirely preventable, and ought not to have occurred. The operation is justified by its primary success, and my belief is that my mortality, as my experience grows, will not be more than one or two per cent.

Against the operation various *a priori* arguments have been brought.

The first of these is that it unsexes the patient. This is a perfectly needless argument, because the disease for which the operation is done has already accomplished this, as it has rendered her barren and has made sexual intercourse a burden which she ought not to be called upon to bear. It has been said that removal of the uterine appendages destroys sexual desire, but the uniform testimony of such patients as have given evidence is that it has no such effect. But suppose it did, what nature can any man have who would refuse to his wife relief from suffering because it would interfere with the gratification of his lust? I am surprised that such an argument has been seriously advanced.

It has further been alleged that useless operations will be performed. Until our powers are perfect, this is very likely. But of what operation in surgery can this be denied? Have we not heard of lithotomies being performed where there was no stone, of amputations carried out where there was no disease in the joint? How many thousands of people have been cut for squint, when what they wanted was a pair of proper lenses?

As a matter of fact, I have found that the mere serious discussion of the operation with a humbugging patient will lead to a diagnosis. If her sufferings be real, she will jump at the chance of relief; if they be not, she declines to take the risk of the operation.

But such an operation as this demands the justification of ultimate success; and here we are on the most difficult ground. The most recent summary of cases is to be found in the second volume of Agnew's Surgery, just published, in which one hundred and seventy-one cases are tabulated, the work of forty operators, with a mortality of nineteen per cent. This is quite a satisfactory explanation of the opposition with which the operation has been met. I should long since have condemned the proceeding and have discontinued my practice if my mortality had been ten per cent. In fact, I did cease to operate for five years because my mortality was twenty per cent. Of the forty operators in this table, there are only three who have operated on fifteen or more cases for all causes, not only chronic oöphoritis. These are:

Hegar,	42	7 deaths.
Batley,	15	3 "
Lawson Tait,	30	4 "
	<hr/> 87	<hr/> 14, or 16.6 per cent.

Increased experience therefore brings better primary results: and this is more than ever visible if my whole experience is taken of sev-

enty-five cases, with only six deaths, or eight per cent. In my recent experience of sixty-one cases there have been only three deaths, or five per cent; and confining it to the cases of chronic oöphoritis of thirty-five cases there is only one death, or 2.85 per cent. It is clearly therefore an operation which can be justified by its primary success only in the hands of a surgeon who has large and constant practice in abdominal surgery; and when it is done by a large number of operators in twos and threes it can only meet with speedy and well merited condemnation.

Precisely the same kind of argument applies to its secondary results, which in the hands of inexperienced operators are admittedly bad. For my own results so far I have abundant cause for satisfaction. Some of my cases are yet incompletely relieved, but by far the majority of them are absolutely cured. The first patient from whom I removed an ovary for pain, nine years and a half ago, was completely relieved of her symptoms, and she remains so to this day.

CONTINUOUS LOCAL MEDICATION OF THE LUNGS IN PHTHISIS.—
G. Hunter Mackenzie, M.D., Physician for Diseases of the Throat, etc., Western Dispensary, Edinburgh, contributes a paper on this subject to the Practitioner, from which we extract the following:

The facts that the general symptoms during the period of softening in acute phthisis bear a close resemblance to septicemia; that they are directly proportionate, both as regards time and intensity, to the degree of such softening; that they can be stimulated by local (traumatic) irritation of the lung, and that in such instances they subside on the discontinuance of the local irritation, indicate that the phthisical process is primarily of a local nature and essentially one of auto-infection. Local disease, itself the result of local inflammation and infection, is the origin and source of this infection.

The stage of softening in phthisis is widely and justly recognized as a most dangerous and critical one. From absorption of the disintegrating and decomposing material, most probably with the superaddition of a specific virus, there ensues high fever with great prostration, often ending in death. It is during this period that the high evening exacerbations of temperature are met with (constituting the so-called hectic curve), not on account of inflammatory complications, but as a result of septic infection. If the patient be piloted through this stage, even though he be landed in a cavity, he yet may be saved. But very early in phthisis, not only has the primary patch of disease to be

treated, but the secondary local affections of the lungs also require attention. These are frequently the result, not of direct extension of the phthisical process, but of infection, as indicated by the fact that they are often found at a distance from the original seat of disease, with islets of healthy lung-tissue intervening. This proneness of the lung to infect itself, so to speak, can be readily understood when we consider the free system of inter-communication that obtains in the organ, directly by the air-tubes, or indirectly by means of the blood-vessels and lymphatics. These secondary local affections are mainly observed during the period of softening, and their occurrence adds greatly to the gravity of the prognosis.

Whatever may be the method or methods by which the tubercular poison may be produced, there is increasing evidence to show that not only does the individual in whom it is manufactured run the risk of becoming the subject of self-infection, but he may actually infect others.

Holding the doctrine of a local infection, we have necessarily abandoned the view of a general disorder manifesting itself in local disease, and have arrived at the conclusion that this localization is the primary cause of the affection. The indications therefore for local (antiseptic) treatment of the lungs in phthisis appear obvious. Not only so, but should the primary (infecting) disease be located elsewhere than in the lungs, to this region must the local treatment be directed. A case, for example, has recently been recorded by Bryant, in which phthisis was associated with and, as the result showed, dependent upon suppuration of the knee-joint, and in which, after amputation, recovery with disappearance of the chest-symptoms took place.

But the class of cases to which attention is invited in the present communication is the very large one in which the primary or infecting disease is situated in the lungs themselves. In the attempt to carry out local treatment, recourse may be had to surgical means, such as tapping, drainage, and antiseptic injections. It is obvious, however, that this method is inapplicable to the early stages of phthisis, and under any circumstances it requires to be very carefully gone about, and carried out only under the guidance of accomplished diagnosticians. In the method of the continuous inhalation of such volatile substances as possess antiseptic qualities we have a ready and efficient means of acting on the lung and its contents, and it is to this system to which I now venture to direct attention.

Mindful of the nature of the disease with which we have to cope, our efforts in the direction of local medication of the lung to be effective must be applied with continuity and steadiness, and, if possible, in

such a way as not to interfere with the normal method of respiration. I attempted to comply with these conditions by filling the rooms occupied by patients with antiseptic fumes, but without success. The only other method seemed to me to design a medicated respirator which might be carried about and worn by the patient, and so admit of comparative continuity of use. The instrument, which I have designated the naso-oral respirator, was accordingly introduced; and as it is already well known to the profession, any detailed notice of its construction and mechanism at the present time is quite unnecessary. It is needless, however, to state that it fulfills conditions which intermittent spraying or the inhalation of medicated steam can never do. The fluids used for inhalation purposes belong to the class of volatile antiseptics, such as carbolic acid, creasote, terebene, eucalyptus oil, etc. In ordinary cases I prefer a mixture of creasote (three fourths) to carbolic acid (one fourth, Calvert's No. 1). This is, as a rule, wonderfully well borne, even in the case of children. I have already briefly reported the case of a child, aged seven, who inhaled pure creasote almost continuously for several weeks without difficulty or inconvenience. This child, it may be added, now continues well and strong, and has not inhaled for over a year. Eucalyptus oil, though bland and unirritating, is very apt to produce sickness and nausea. Toxic symptoms have never been noted in any of my cases after the continuous inhalation of carbolic acid or creasote for prolonged periods, nor have I heard of a single instance of their occurrence in the practice of other practitioners. The urine generally remains free from traces of the antiseptic inhaled, but on two or three occasions very minute traces of carbolic acid have been found after the use of this drug.

The results obtained from continuous inhalation in suitable cases—and most cases appear to derive benefit to a greater or less extent—are manifested in a decrease of the pyrexia, cessation of night-sweats, improvement in appetite, and increase in weight. In accordance with Ringer's proposition, we are justified in gauging the measure of progress in phthisis by the thermic curve, though it is fair to note the fact that such an experienced clinician as Theodore Williams maintains that tubercle may form in more than one organ without giving rise to any marked rise of temperature, and, in fact, with subnormal temperatures. Experience seems to be rather against the general acceptance of this latter view, and I think we are still justified in considering the fever and emaciation, represented by the temperature and weight, as the true measure of the patient's progress. A case of acute phthi-

sis, illustrated by a complete series of temperature charts, has been recorded by me, in which it was experimentally shown that on commencing creasote and carbolic acid inhalations the temperature fell, the night-sweats ceased, and the appetite improved, only, however, to return on the discontinuance of the inhalations. On resuming treatment, the same results accrued as on the first occasion. This patient is still under my notice, and continues well without requiring to practice inhalation. He has increased in weight fourteen pounds within the last year. I have repeated these experiments in other instances and carefully noted the results, and am satisfied that antiseptic inhalations continued for sufficient periods of time have a decidedly antagonistic action to the tubercular virus. I am inclined to believe that better results are obtained in what might be called specific cases proper, in contradistinction to chronic inflammatory ones. The former are characterized by all the features of fever—symptoms from which the latter are, to a great extent, free.

But besides the applicability of this system to cases of acute specific febrile phthisis, it seems probable that local medication of the lung is likely to prove beneficial in certain allied conditions; for instance, bronchierictasis. As stated by Theodore Williams, the commonest form of death in this disease is from septicemia, some of the decomposing material being inhaled into the sound lung and setting up fatal septic pneumonia. What better method of obviating this than by the careful and constant application of antiseptics to the lungs?

The contra-indications to the employment of continuous medication are laryngeal complications, hemorrhage, and great destruction of lung-tissue. In laryngeal phthisis, strong inhalations have a very irritating and drying effect on the throat, and here it is better to discontinue them entirely or reduce the strength of the inhalant by the addition of three or four parts of rectified spirits. I am of opinion that in two or three instances I have noted an aggravation of hemorrhage after the use of the naso-oral respirator; so now I make it a point to have all bleeding stopped before commencing continuous inhalation. The undesirability and inutility of torturing a patient with extensive lung-destruction by the super-addition of a system of treatment at the eleventh hour, which, under the circumstances, might prove troublesome, merely require passing notice to be avoided.

In regard to adjuvants, the usual attention is required to cleanliness, ventilation, and pure air. In the prophylaxis, as also in the treatment of the disease, it is to be borne in mind that the lungs are readily influenced by dampness both of the atmosphere and the soil,

more particularly the latter. A moist climate with a high or a quickly-changing temperature predisposes to lung-disease. Intense cold, if associated with dryness of the atmosphere, has no predisposing effect.

Confinement and sedentary occupations should be avoided, for they predispose powerfully to the disease and aggravate it when existent. The dieting of the patient is of importance. Struck by the fact that tuberculosis is more common and can be more readily artificially induced in herbivorous than carnivorous animals, I have for some time back forbidden the use of vegetables in phthisis.

With continuous medication the internal administration of drugs is seldom required. Those who have faith in the efficacy of cod-liver oil may use it, though I believe its indiscriminate and prolonged use frequently does harm by upsetting the stomach and also by contributing toward the fatty degeneration of organs. With implication and softening of lymphatic glands, the best remedy is the chloride of calcium given in ten-grain doses in the manner recommended by Sawyer.

THE TREATMENT OF BRIGHT'S DISEASE OF THE KIDNEY.—Joseph Kidd, M.D., writes in the *Practitioner* on this subject as follows:

The treatment of disease of the kidney labors under a disadvantage compared with that of pulmonary disease. In the latter, cough, expectoration, breathlessness, wasting, night sweats, easily convince the patient and friends that he is really ill, and that the doctor's care and cautions are not unnecessary or uncalled-for. In kidney-disease, on the other hand, there are few objective symptoms, as the patient does not lose flesh or muscular power, seldom has pain in the back or difficulty of urination. He will often protest "there is nothing wrong with my kidneys, for I have no pain in my back." Thus the doctor has much difficulty to get the patient or his friends to take sufficient care or to submit to treatment. The nausea of the latter stages of Bright's disease helps the illusion. It is only when the uremic symptoms come on that the patient can be induced to take care. They often try to weaken the precautions laid down for them.

In chronic disease of the kidney the treatment must be to a great extent hygienic and dietetic. It acts like an impetus toward health in such cases for the doctor, after prescribing for a month or two's course of medicinal treatment, to dismiss the patient for a season with a cheery word, "Medicine has done its work; now lay it aside for a time, and trust to wise management of your habits of life, diet, exer-

cise, clothing," with a distinct piece of advice concerning each; yet the physician must be on the alert not to repeat vague generalities, but to give a sharply defined course or plan of general management.

In the treatment of granular degeneration of kidneys, the gout kidney *par excellence*, I can speak with much confidence of the good effects of nitric acid. In many phases of the disease, especially when the urine is very pale, of low specific gravity, and highly acid, with nausea, anorexia, furred tongue, it suits when iron and quinine disagree. It exerts a specific action on the urine, causing the turbid to become clear; and at times it does the opposite, causing the pale clear urine to become turbid and dark-colored. It also relieves the gout pains in the joints incidental to the disease. The perchloride of iron is of infinite use in the treatment of Bright's disease. In the latter stage of true granular degeneration it often causes headache and increases the nausea. Then the liquor ferri pernitratis (Ph. B.) suits better, the free nitric acid in it causing the iron to be more easily assimilated.

The use of milk in acute and subacute kidney-disease has the best effect, but one gets disappointed at the negative results in old, long-standing cases, its persistent use causing little or no improvement in the condition of the urine. J. drank two quarts of milk daily for six months without perceptible effect on the chemical or microscopical character of the urine.

After twenty-five years' experience of the use of all kinds of baths in the treatment of kidney-disease, I have found lamp baths excel all others in real efficacy. The spirit-lamp bath without water has a better effect than the vapor of water boiling over the spirit-lamp, which most patients complain of as being more relaxing and exhausting than the spirit-lamp alone. Used at bedtime for fifteen or twenty minutes, three or four times a week, the effect is all we can desire. The gentle moisture kept up in bed all night after the bath does much more good than the Turkish bath, the good effect of which is neutralized by exposure to the cold air afterward. When the patient lives in the establishment, so as to go straight to bed after the Turkish bath, its use is invaluable. Under such conditions it may be taken even twice a day with advantage.

Counter-irritation plays a most important part in the management of chronic Bright's disease. Its effects are especially good in all inter-current attacks. When from a chill, or over-fatigue, or change of climate, the urine becomes disturbed in character, either cloudy or very limpid, mustard-plasters over the loins have a most perceptibly good

effect, or compresses of spongio piline sprinkled with a few drops of oil of turpentine. In subacute congestion a small blister over the kidneys has a good effect as a counter-irritant. It probably has by absorption also a specific action in clearing the debris from the tubuli uriniferi.

Open-air exercise is an essential element in the treatment of chronic disease of the kidneys. It is, however, of vital consequence to the subjects of that disease to avoid chill when heated by exercise, returning home quickly to change the moist underclothing.

In selecting a winter climate suitable for a case of kidney-disease, dryness and equability are the essential requirements. Heat is desirable, but not so essential as freedom from sudden changes.

When there is an inherited tendency to kidney-disease, the treatment of scarlatina is of great consequence, as it so often proves the exciting cause of that disease. The special care needed is strictly to confine the patient to bed for at least a week or ten days; the free use of diluents, water or milk; the avoidance of much animal food; and the free use of vegetables. After the eruption has disappeared, the use of warm-water baths every night for three or four weeks, warm woolen underclothing in the day, and at night to sleep between the blankets, should be advised. The rubbing with carbolic oil should be especially avoided, as although it lessens the intensity of infection, yet I have known it to act injuriously on the kidneys; in fact, setting up the albuminuria.

ON THE SYSTEMATIC TREATMENT OF AGGRAVATED HYSTERIA AND CERTAIN ALLIED FORMS OF NEURASTHENIC DISEASE.—Prof. Playfair opened the discussion on the above subject before the British Medical Association, in August, with a general statement of the mode of practice which our distinguished countryman, Dr. Weir Mitchell, originated some years ago and has since so successfully pursued. Prof. Playfair, after speaking in very high terms of Dr. Mitchell, detailed the following cases treated by Mitchell's method:

CASE I.—On the 24th of April last I was consulted on the case of a young lady from the north of England suffering from intense hysterical vomiting. This had commenced six years previously, after severe mental strain. Latterly she could keep nothing but a single mouthful of milk on her stomach, and this only when mixed with whisky; so

that in this way she was taking three to four glasses of spirit daily. She was terribly emaciated, weighing only 4 st. 7 lbs. Her mother wrote of her, "It is just five years last Christmas-day since she has ever retained a single meal. Her symptoms have been most distressing, and have resisted every kind of treatment. Her young life has been completely blighted, and I have long since given up her case as quite hopeless." The rapidity of the cure in this instance was almost ludicrous. In three days after she was isolated she was keeping down two quarts of milk, it is needless to say no longer with the aid of whisky. In ten days she was eating with an enormous appetite, and in six weeks she left town weighing 7 st. 8 lbs., a gain of 3 st. 1 lb., and has since remained quite well.

CASE II.—The next case is illustrative of the evil effects of over much education and mental strain in a clever girl of highly developed nervous organization. It was placed under my care by the advice of one of our most eminent metropolitan physicians, who had been seeing her frequently in consultation with her own medical attendant for several years, and beside him many other physicians equally eminent had been consulted. This young lady was seventeen years of age. At the age of fourteen, when working, she had suddenly broken down, got complete hysterical hemiplegia, and for four years had never been out of bed or moved either of her lower limbs. In addition she had a loud, barking cough, which could be heard all over the house, and which had resisted every kind of medication. No food could be taken beyond milk and a biscuit and an orange. This case was placed under my care as a sort of test, and I was particularly anxious that it should turn out well. As to the result, I need only say that at the end of a month I drove her out in my carriage, dropped her at the top of the street in which she lived, and made her walk down to pay her parents a visit. She has since remained perfectly well. It was a curious and characteristic point that her cough, which had resisted for years all sorts of energetic treatment at home, entirely ceased forty-eight hours after she was removed, and was never again heard.

CASE III.—The next instance is one of the same sort out of many I have had under my care, and is a typical example of the kind of case best suited for this treatment. In this there was no definite illness, no simulated disease, as in the last lady, but a general and complete breakdown. Her medical man sent her to me with the following note: "She has all her life been an invalid, with no well-defined symptoms; sometimes headache and nausea; at others spinal irritability, giddiness, etc. In fact, she is a typical hysteric or neuralgic patient.

She never stirs out of the house or moves from her bed or sofa, eats next to nothing, and is never happy unless seeing a doctor or taking physic." I found, as was to be expected, that this young lady was wasted to a skeleton. Her chief complaints were nausea, headache, backache, intense nervous depression, and timidity (so that she was unable to speak to a stranger), and absolute anorexia; skin dry and rough; menstruation irregular; entirely dependent on chloral and morphia for sleep. She was twenty-nine years of age, and for nine years had been entirely on her back. I need say no more about this case than that it was as successful as the rest of the same type I have had to deal with, any one of which I might have selected as an illustration. In six weeks she was walking about; in two months she started on a sea voyage with her nurse, with directions that she should be forced to mix as much as possible with the passengers, to overcome her dread of society. Only two days ago she came to report herself to me, having traveled alone from the country by rail, and I positively did not at first recognize her, so different was the well dressed, healthy looking woman from the wretched invalid of a few months ago. She tells me that she now plays tennis, goes out to picnics and parties, and enjoys life like any one else.

CASE IV.—The last example with which I shall trespass on your patience I am tempted to relate because it is one of the most remarkable instances of the strange and multiform phenomena which neurotic disease may present which it has ever been my lot to witness. The case must be well known to many members of the profession, since there is scarcely a consultant of eminence in the metropolis who has not seen her during the sixteen years her illness has lasted, besides many of the leading practitioners in the numerous health-resorts she has visited in the vain hope of benefit. My first acquaintance with this case is somewhat curious. About two months before I was introduced to the patient, chancing to be walking along the esplanade at Brighton with a medical friend, my attention was directed to a remarkable party at which every one was looking. The chief personage in it was a lady reclining at full length on a long couch, and being dragged along, looking the picture of misery, emaciated to the last degree, her head drawn back almost in a state of opisthotonos, her hands and arms clenched and contracted, her eyes fixed and staring at the sky. There was something in the whole procession that struck me as being typical of hysteria, and I laughingly remarked, "I am sure I could cure that case if I could get her into my hands." All I could learn at the time was that the patient came down to Brighton every autumn,

and that my friend had seen her dragged along in the same way for ten or twelve years. On January 14th of this year I was asked to meet my friend Dr. Behrend in consultation, and at once recognized the patient as the lady whom I had seen at Brighton. It would be tedious to relate all the neurotic symptoms this patient had exhibited since 1864, when she was first attacked with paralysis of the left arm. Among them—and I quote these from the full notes furnished by Dr. Behrend—were complete paraplegia, left hemiplegia, complete hysterical amaurosis, but from this she had recovered in 1868. For all these years she had been practically confined to her bed or couch, and had not passed urine spontaneously for sixteen years. Among other symptoms I find noted "awful suffering in spine, head, and eyes," requiring the use of chloral and morphia in large doses. "For many years she has had convulsive attacks of two distinct types, which are obviously of the character of hystero-epilepsy." The following are the brief notes of the condition in which I found her, which I made in my case-book on the day of my first visit: "I found the patient lying on an invalid couch, her left arm paralyzed and rigidly contracted, strapped to her body to keep it in position. She was groaning loudly at intervals of a few seconds from severe pain in her back. When I attempted to shake her right hand she begged me not to touch her, as it would throw her into a convulsion. She is said to have had epilepsy as a child. She has now many times daily, frequently as often as twice in an hour, both during the day and night, attacks of sudden and absolute unconsciousness, from which she recovers with general convulsive movements of the face and body. She had one of these during my visit, and it had all the appearance of an epileptic paroxysm. The left arm and both legs are paralyzed and devoid of sensation. She takes hardly any food, and is terribly emaciated. She is naturally a clever woman, highly educated; but of late her memory and intellectual powers are said to be failing."

It was determined that an attempt should be made to cure this case, and she was removed to the Home Hospital in Fitzroy Square. She was so ill, and shrieked and groaned so much on the first night of her admission, that next day I was told that no one in the house had been able to sleep, and I was informed that it would be impossible for her to remain. Between 3 P.M. and 11:30 P.M. she had had nine violent convulsive paroxysms of an epileptiform character, lasting, on an average, five minutes. At 11:30 she became absolutely unconscious, and remained so until 2:30 A.M., her attendant thinking she was dying. Next day she was quieter, and from that time her progress was steady

and uniform. On the fourth day she passed urine spontaneously, and the catheter was never again used. In six weeks she was out driving and walking, and within two months she went on a sea voyage to the Cape, looking and feeling perfectly well. When there, her nurse, who accompanied her, had a severe illness, through which her ex-patient nursed her most assiduously. She has since remained, and is at this moment, in robust health, joining with pleasure in society, walking many miles daily, and without a trace of the illnesses which rendered her existence a burden to herself and her friends.

In conclusion, I may remark that it seems to me that the chief value of this systematic treatment, which is capable of producing such remarkable results, is that it appeals, not to one, but many influences of a curative character. Every one knew, in a vague sort of way, that if a hysterical patient be removed from her morbid surroundings, a great step toward cure is made. Few, however, took the trouble to carry this knowledge into practical action, and when they did so they relied on this alone, combined with moral suasion. Now I am thoroughly convinced that very few cases of hysteria can be preached into health. Judicious moral management can do much, but I believe that very few hysterical women are conscious imposters, and the great efficacy of the Weir-Mitchell method seems to me to depend on the combination of agencies which, by restoring to a healthy state a weakened and diseased nervous system, cures the patient in spite of herself.

CONVALLARIA MAJALIS (LILY OF THE VALLEY).—Dr. Sée concludes a valuable paper, in the New York Medical Record, on this drug, as follows:

1. The convallaria majalis constitutes one of the most important cardiac remedies which we possess.

2. In the form of the aqueous extract of the entire plant (which is a very convenient way of giving the medicine), administered in the dose of from one half gram to one and one half grams daily, the convallaria produces on the heart, blood-vessels, and respiratory organs effects constant and constantly favorable; to wit, slowing of the beatings of the heart, with often a restoration of the normal rhythm, and, on the other hand, augmentation of the energy of the heart, also of the arterial pressure; in fine, the inspiratory force is increased and the *besoin de respirer* is less injurious, less painful.

3. The effect the most powerful, the most constant, and the most useful is the abundant diuresis, which is above all things essential in the treatment of cardiac dropsies.

4. The therapeutic indications are summed up as follows: (a) In palpitations resulting from a state of exhaustion of the pneumogastric nerves (cardiac paresia), the most frequent source of palpitations. (b) In simple cardiac arrhythmia, with or without hypertrophy of the heart, with or without lesions of the orifices or valves of the heart. (c) In mitral constriction, especially when it is accompanied with failure of compensation on the part of the left auricle and right ventricle; the contractile force augments visibly under the convallaria, as the sphygmograph testifies. (d) In mitral insufficiency, especially when there are pulmonary congestions, and when, as a consequence, there is dyspnea with or without nervous trouble of the respiration. (e) In Corrigan's disease the peripheral arterial pulsations disappear, and respiration becomes markedly restored. In dilatation of the left ventricle without compensatory hypertrophy it restores energy to the heart, which otherwise tends to become more and more feeble and dilated. (f) In dilatations of the heart with or without hypertrophy, with or without fatty degeneration, with or without sclerosis of the muscular tissue, the indications of the convallaria majalis are clear. (g) In all cardiac affections indifferently, from the moment that watery infiltrations appear, the convallaria has an action evident, prompt, and certain. (h) In lesions with dyspnea the effect is less marked. To combat cardiac dyspnea convallaria is inferior to morphia and especially to iodine, but morphia suppresses the urine, and the preparations of iodine are every way preferable. The combination of convallaria majalis with iodide of potassium in the treatment of cardiac asthma constitutes one of the most useful methods of treatment. Finally, in cardiopathies with dropsy the convallaria surpasses all other remedies. One is often obliged to suspend the employment of digitalis on account of vomiting, digestive disturbances, cerebral excitation, the dilatation of the pupil which it so often produces after a prolonged use of this medicament, etc.

The final action of digitalis is exhaustion of the heart, increase with enfeeblement of the heart's pulsations—just the opposite effects from what we seek when we give the drug.

Convallaria majalis has no deleterious effects on the economy, and has no cumulative action.

Dr. Hardy has isolated the active principle of the plant—an alkaloid which he calls convallarine. It will be remembered by our readers that those enterprising pharmacists, Parke, Davis & Co., have for some time back called attention to the therapeutic properties of the plant.

TREATMENT OF UTERINE AND VAGINAL DISCHARGES.—In a very practical paper on the above subject, contained in the Medical Record, Dr. James B. Hunter, Surgeon to the Woman's Hospital, New York, etc., divides leucorrhea into three varieties: 1. Vaginal; 2. Cervical; 3. Uterine.

Vaginal leucorrhea. As to the first, a slight increase in the normal secretion from the mucous membrane of the vagina gives rise to a discharge that attracts attention by the discomfort it causes. Some women are peculiarly liable to a temporary leucorrhea of this kind, either from taking cold, from unusual exertion of any kind, or from mental excitement or anxiety. In unmarried girls vaginal leucorrhea is common as a result of impaired health from any cause, as excessive study, irregular hours, or any form of social dissipation. Simple, uncomplicated vaginal leucorrhea is most common in girls, or young married women who have not been pregnant, and its importance depends on whether it is or is not persistent, and whether the amount of loss is large or small. The subjects of a constant leucorrhea of this kind are pale and anemic, with a small or capricious appetite, constipated bowels, and sluggish habit. In such cases the symptom for which we are consulted, though it may be the most annoying or alarming one to the patient, is evidently only a consequence of the relaxed and depraved condition of the system, and it would be inexcusable to make it the target for our remedies. We must attend first to the general health, employing every means in our power to improve it. At the same time the patient should be instructed to use simple vaginal injections of hot water, which alone exercise a decidedly tonic effect on the parts affected. If the discharge still persists, it may be necessary to direct the use after the hot water of some mild astringent. I always insist upon the thorough use, at least once a day, of water as hot as the hand can bear it, for at least ten minutes, the patient lying meanwhile on the back, over a bed-pan or other vessel. The addition of one dram of pure carbolic acid to the gallon of water renders it more efficacious. If the discharge proves obstinate and does not yield to this simple treatment, it may be necessary to use some astringent or other drug. Whatever is used may be conveniently added to the last pint of the injection, so that it shall come in contact with the vagina after it has been thoroughly cleansed by the hot water. The most useful astringent is tannin, one dram to the pint, with the addition of about four fluid drams of glycerin. The various astringent injections popularly recommended, such as that of white-oak bark, are generally

too strong. I do not approve, as a rule, of the use of oily vaginal suppositories. The application of the drugs they contain is uncertain. An excellent injection in many cases of anemic vaginal leucorrhea is the fluid extract of eucalyptus globulus, one dram to the pint of water. It is a mild astringent and a decided antiseptic. If these simple remedies, together with careful attention to the general health, do not benefit the patient, and if the leucorrhea persists, it is our duty to make a physical examination. In the case of unmarried women, this should of course be postponed as long as possible, and looked upon as the last resort; but in the case of married women it is justifiable to make an examination earlier, especially as the probability is greater of finding some condition demanding local treatment. In the virgin we may find a flexion of the uterus sufficient to cause congestion of the cervix or of the entire uterus. We may find a simple or a gonorrheal vaginitis, in which case the astringents do harm, and must be discontinued. I have found a gonorrheal discharge more likely to affect the urethra and bladder early than an ordinary vaginitis, but it is difficult to distinguish between the two. One of the best injections in simple vaginitis is the infusion of tobacco, a pint of it being used after the hot water. But the shortest way of curing any vaginitis is to tampon lightly with carbolized cotton once or twice a day, moistening the cotton balls with equal parts of glycerin and water. Where local applications are required, we have the choice of many; but the best are nitrate of silver, twenty grains to one ounce, the fluid extract of eucalyptus, and the tincture of iodine. If the tamponing is done faithfully, that alone, kept up for a week or ten days, will often be found sufficient. In cases where the injection is relied on, and the discharge irritates or excoriates, one dram of bicarbonate of soda to the pint of water commonly gives relief. Another excellent injection for simple vaginal leucorrhea is a solution of common salt, one dram to the pint; and where that does not answer, the same quantity of boracic acid often does well. No rule of treatment can be laid down for vaginal leucorrhea, even for cases apparently similar; but what I wish to emphasize is the fact that very mild measures will suffice in uncomplicated cases; that such cases may be aggravated and rendered complicated by the early use of powerful astringent or other drugs; that if we begin with simple remedies we shall often end with them; that in all cases, especially in anemic girls, the general health should never be lost sight of in our anxiety to relieve the patient of a solitary symptom; and that in unmarried women the existence of leucorrhea without pain or other symptoms very rarely necessitates a physical examination.

Cervical leucorrhea. It often happens that the patient's voluntary description of her symptoms enables us to make a pretty accurate diagnosis. In addition to the leucorrhea spoken of as vaginal, or in place of it, there is a thick, glairy, intermittent discharge, often resembling white of egg, sometimes stained with blood, and occasionally mixed with pus. This symptom is most commonly found in women who have been pregnant, but may occur in the unmarried. It signifies disease of the cervix. It may be a moderate degree of endocervicitis, or it may be extensive laceration or hypertrophy of the cervical tissue. This can only be decided by examination, which should be resorted to at the outset, in order to ascertain the amount of disease with which we have to deal. We may find ulceration of the cervix, but that is rare. We may find the cervix much congested and enlarged, and the os filled with a plug of tenacious material, which appears to distend it, and which consists chiefly of a hyper-secretion from the Nabothian follicles. The cervix is often covered with small cysts, which, on being pricked, exude large drops of clear viscid fluid. In case there has been laceration of the cervix, the edges are everted, and the exposed surfaces, hypertrophied from exposure, are often intensely congested and extremely vascular, so that bleeding follows the slightest touch. It is this condition which is often spoken of and treated as "ulceration."

In the treatment of this form of leucorrhea the injections recommended for simple vaginal discharges are of little value. Copious injections of hot water do much to reduce the congestion of the cervix, but they do not cure it. The astringent and other drugs are of no use whatever. If the laceration is not extensive, the exposed surfaces may be treated by the direct application of the strong tincture of iodine, of iodoform in powder, of a solution, or by the solid stick of nitrate of silver. Many other caustics are used and recommended for these cases, and during their use the discharge will diminish or even cease entirely, but only to return when the treatment is suspended. Where there is little or no laceration, but a diseased condition of the cervix itself, more powerful caustics, as the strong nitric acid, may sometimes be used with advantage. Where the cervix contains polypoid growths, or where the gland structure is diseased, the cautious use of the sharp curette is sometimes proper. Where the laceration is extensive and of long standing, I have never seen permanently good results from any application, however perseveringly employed. Here it is that surgery must be called to our aid. I have often seen patients who had suffered for years from a profuse cervical leucorrhea, which had been treated in vain by every application that

could be suggested, cured in a few weeks by simply uniting the torn surfaces after they had been carefully freshened and all the diseased tissue removed. In some aggravated cases applications seem to increase the congestion and render the hard tissue even harder. Where it is desired to make applications, Sims's speculum should be used, and the tenacious secretion entirely removed first. This it is not always easy to do. A little absorbent cotton wrapped on the end of a piece of whalebone often answers well. A small piece of dry sponge held in a pair of forceps facilitates the cleansing of the diseased surface. Another method is to use a long-nozzled syringe, with which to draw the secretion out, or to dislodge it by a stream of hot water. The cervix should then be dried with a little absorbent cotton, the application made, and a flat piece of cotton, with a string attached, pressed against the cervix and left there for some hours. A method I have sometimes found to answer well, after the congestion has been reduced by hot water, is to apply the solid stick of nitrate of silver over the whole surface, and as soon as it is dry to paint it over with flexible collodion. One point to be remembered is, that unless the exposed surface is perfectly free from secretion the strongest caustics are neutralized and rendered inert. The prognosis in these cases, treated non-surgically, is bad. They get a little better, then a little worse again. The vagina suffers from the acrid secretion, and the condition of the patient grows slowly and slowly worse. Under appropriate surgical treatment most of such cases as I have described get entirely well. It is not my purpose to speak of the operation itself, further than to say that it should never be attempted without ample preliminary treatment. One other form of cervical leucorrhea is that which accompanies malignant disease. After the period when epithelioma has been marked by hemorrhage there is often a long period when there is merely a watery discharge, profuse and offensive, but without a trace of blood. It is observed by the patient to stiffen on the clothing, like starch. I have frequently found advanced malignant disease where the only thing of which the patient complained was "leucorrhea." The treatment of these cases when they are beyond the reach of surgery is of course only palliative, but it is an immense relief to these unfortunate patients to have the discharge arrested for a time. I have found nothing so efficacious for this purpose as swabbing the ulcerated surfaces with strong nitric acid, being careful to protect the surrounding parts during and after the application. In some obstinate cases of cervical disease brilliant results may be obtained by the use of the sharp curette; but, as a general rule, this means of cure is not indicated.

Uterine leucorrhea. A discharge from the cavity of the uterus is often recognized by its intermittent character. The patient describes it as coming suddenly "with a gush," and then ceasing for a time. It is often purulent, mixed with blood, and of a greenish color. It is particularly apt to irritate the vagina and urethra. It is worse for two or three days after menstruation, and it is often offensive. It is sometimes accompanied by pain. On examination with the speculum, the discharge may be seen pouring out of the os as the sound or probe is withdrawn from the cavity. Sometimes a discharge of pus will alternate with a hemorrhage. This form of leucorrhea commonly signifies polypoid growths in the cavity of the uterus, destructive changes in a fibroid growth, sarcoma, or other malignant disease. The treatment in detail of these affections it is not my purpose to consider. It includes, in addition to other surgical measures, the use of the curette and subsequent applications of iodine, strong carbolic acid, and possibly nitric acid. Here again medicated vaginal injections are utterly useless. Water alone, slightly carbolized, suffices to prevent the discharge from becoming offensive, and to remove it when it is so.

In conclusion, it must be remembered that we often find all the varieties of leucorrhea existing at the same time; so that it becomes a matter of some difficulty to judge of the significance of this symptom. It is indeed impossible to do so without weighing carefully all the other symptoms, and it is only in this way that we can expect to arrive at rational therapeutic measures. I wish to lay some stress on what I consider the danger of a routine treatment, which is the same thing as the danger of doing either too much or too little. The indiscriminate use of astringents often does more harm than good. In unmarried women we can often avoid any local treatment by dealing first with the general health and insisting on proper hygienic surroundings. In this class of patients we should resort to physical examination only after other measures have been fully tried, unless there is some evident reason, such as severe dysmenorrhea, to guide us. On the other hand, in cases where surgical or mechanical aid is imperatively demanded, we should beware of losing precious time by experimental or expectant treatment. We should convert our suspicions into certainty, and give our patients the utmost benefit our knowledge will afford.

Notes and Queries.

LANGENBECK'S LAST CLINIC.—Dr. S. Y. Howell, writing from Berlin in the *Medical Record*, says of the great German surgeon:

The formal leave-taking of Professor von Langenbeck has excited great interest in all circles of society, both professional and laic. Berlin may well mourn the departure of this Nestor among surgeons, who has now passed thirty-four years of his brilliant professional life in her midst. No surgeon in all Germany has better fitted himself for lasting remembrance as one of the brightest lights in the surgical world of the nineteenth century, and no one, with the possible exception of Volkmann, in Halle, occupies so high a place in the esteem of his professional brethren.

This morning the clinical assistants of Professor von Langenbeck repaired to his residence and presented him with a costly flower- and fruit-stand of solid silver, which was embellished with the Langenbeck escutcheon and those of the cities of Kiel and Berlin, while on its top it bore a statuette of Æsculapius. In the afternoon the amphitheater in the University Clinical Hospital presented quite an unusual aspect. The operating table with its snow-white cover, which generally occupies the center of the room, had disappeared, as had too the tables with their wonted array of dressings, knives, saws, forceps, etc. In their stead were substituted flowers and garlands, while a whole forest of palms filled in the background. Long before the hour for the clinic the interior of the hall was crowded. Students and staff-physicians filled the rows of seats, while below in the operating space were assembled the most prominent members of the medical and surgical world of Berlin. Scarcely had the academical quarter of an hour elapsed when Dr. Langenbeck appeared in company with his assistant surgeons, all in their long white linen operating coats, and was received with quite a stormy ovation. When he essayed, however, to proceed with the regular business of the hour he was interrupted by Professor Bardeleben, who, acting in the capacity of spokesman for the delegation from the Berlin Medical Society, expressed in eloquent language the high appreciation in which Von Langenbeck was held by them all, and their exceeding sorrow that he should feel called upon to retire

from the active pursuit of his profession in their midst. After referring with regret to the fact that the non-completion of a marble bust of the retiring surgeon, which was being executed by Siemerling, rendered necessary the temporary substitution of that in plaster, Bardeleben concluded with a heartfelt "Gott segne Sie auf Ihren weiteren Lebenswegen!" Visibly struggling with the emotion which threatened to o'erpower him, Langenbeck thanked his colleagues and hearers for their thoughtful attention, and excused himself for not appearing in festive attire on that occasion. "But," said he, "I've celebrated so many festivities in this place when by difficult operations I've restored the sick and suffering to health and happiness, that this unsightly operating coat seems to me a most fitting garb." He then referred to the great progress which the science of surgery had made during the forty-two years of his clinical professorship, thirty-four of which had been passed in Berlin, and congratulated himself on the fact that so many of their graduates had taken a conspicuous part in furthering this progress by their labors and investigations, instancing particularly Albrecht, Wagner, Bock, Wilhelm Busch, and Karl Hueter, who had already gone to their reward. As for himself, he said that he had always followed the conservative line in surgery, not merely cutting and amputating, but striving to conserve diseased members to the greatest possible extent, and to restore them again to usefulness. And though the cases which he was about to exhibit would apparently contradict this statement and make it savor of grim irony, yet the course pursued had in each instance been unavoidable.

Thereupon at his beck three beds were rolled in successively, each of which held a poor unfortunate upon whom Von Langenbeck had performed a hip-joint amputation within the last few days.

While the dressings were being removed, he proceeded to explain the method of operating employed by him, and demonstrated its effectiveness by exhibiting the beautifully clean and rapidly healing stumps. In conclusion, he wished his colleagues and hearers a hearty farewell, and expressed a hope that they might still be called upon to materially advance the progress of surgical science, and to afford healing and succor to many sufferers.

Mr. Heilcke then addressed a few fitting words to the revered instructor in behalf of the students, and these finished, Dr. Langenbeck pressed the hands of his friends silently but with fervor, and took his leave. At 2:30 the clinic ended. It was the shortest that Langenbeck had ever held in Berlin; it was his last!

Professor Von Langenbeck is now in his sixty-third year, and his

determination to retire into comparative inactivity at Wiesbaden, where he owns an elegant villa, is doubtless to be attributed in part to the fact that he feels his infirmities growing upon him. His hand trembles so that his writing is well nigh illegible, but while operating it is perfectly under his control, and he makes his incisions with great nicety.

In amputating at the hip-joint he first ligates the femoral artery high up. Then without transfixing, but using his comparatively short "lappen-messer," he raises an anterior flap, which includes but little muscular tissue, and that only toward the completion of the section. After securing all bleeding vessels, he next proceeds to merely outline the posterior flap. This done, he returns to the anterior incision, rapidly deepens this till the joint is reached, disarticulates and completes the formation of the posterior flap. Two drainage-tubes are used—one in the retiring angle of the wound, which discharges at its inner extremity, while the other passes through the posterior flap and into the acetabulum.

The sutures now being inserted, the wound is dressed *a la* Lister, except that carbolized charpie, thickly dusted with iodoform, is substituted for the "protective." The wound is redressed after the lapse of twenty-four hours. This iodoform dressing is well nigh universally employed by Von Langenbeck. Indeed I remember no operation in which it was not used, either in the manner stated, or, as in open resection wounds, directly applied to the raw surfaces. Still I was informed by one of the clinical assistants that toxic effects are rarely met with, and then only in the event of large wounds being regularly dressed with the agent for long periods of time.

Von Langenbeck's successor, Professor Bergmann, of Würzburg, is aged forty-five. Von Bergmann has become known through his exact and interesting studies of the septic properties of wound-secretions, and his experimental investigations into the pressure-symptoms sequent upon injuries of the cranium. Further, he has published studies on different operative procedures and their technical improvement—the result, in part, of his experience on the field during the Franco-German war. In his practice he is a firm advocate of Listerism.

JOHN CHIENE, ESQ., F.R.C.S.—Among the many friends of this distinguished surgeon, none will be more pleased than the readers of the AMERICAN PRACTITIONER to learn that he has recently been appointed to the chair of surgery in the University of Edinburgh, to succeed the late Professor Spence. There were

four candidates for the place, any one of whom, it may be justly said, would have filled the high office with distinction. Knowing that Mr. Chiene will carry to his new sphere the conscientiousness, independence, originality, and zeal which have hitherto marked all his work, we predict for him a future abounding in usefulness and rich in success.

It affords us much pleasure to state in this connection that Professor Chiene's lectures on the Elements of Surgery, which appeared in this journal a few years back, are now being revised by their author, and will soon be issued by Messrs. John P. Morton & Co. as one of their *Pocket Series* of medical publications.

WALSH'S RETROSPECT.—The following card will explain the delayed appearance of this excellent periodical:

OFFICE OF NATIONAL VACCINE ESTABLISHMENT, No. 332 C Street, N. W., }
WASHINGTON, D. C., August 10, 1882. }

Dear Doctor: I am very sorry to inform you that an increase of duties connected with the National Vaccine Establishment, of which I am the director, renders imperative a suspension of Walsh's Retrospect until January, 1883. I then expect to complete volume 3 and continue the publication of the journal.

Yours truly,

RALPH WALSH, M.D.

THE GROSS PROFESSORSHIP OF PATHOLOGICAL ANATOMY.—The British Medical Journal thus speaks of the great Pennsylvanian:

At a recent meeting of the Alumni Association of Jefferson Medical College a committee was appointed to make arrangements for establishing a chair in honor of Professor Samuel D. Gross. The chair is to be indorsed by contributions from the alumni in every section of the world, and already a number have been offered, showing that a general and hearty response will be received from the old graduates of the school. Professor Gross enjoys at the present time the full vigor of his sturdy constitution, and will, no doubt, live to see the valuable results of the practical precepts that he has taught for many years. His good name, his skill, his wise judgment, and his practical and voluminous additions to the science of surgery will be perpetuated long after the members of the Alumni Association and Jefferson Med-

ical College have crumbled into dust. This memento will, however, go down through history to successive generations, and show how Prof. Samuel D. Gross was revered, honored, and esteemed by his host of pupils, scattered over all the civilized world, for his high attainments as a teacher, as a surgeon, and his great usefulness and benefit to mankind.

THE LATE DR. R. O. COWLING.—The British Medical Journal of August 26th, in noticing Dr. D. W. Yandell's discourse on the life and character of Dr. Cowling, writes thus of the lamented young editor and surgeon:

Dr. David W. Yandell, whose visits to London in recent years have done much to strengthen the bonds of union, sympathy, and mutual respect between the medical profession in this country and in America, delivered, in February last, the valedictory address of the session in the University of Louisville, Ky., in which he is the Professor of Surgery, choosing as his subject the life of Dr. Richard Oswald Cowling, a distinguished teacher in that institution, who was carried off twelve months ago by acute rheumatism, at the age of forty-two years, in a career of much promise and considerable achievement. Dr. Yandell made it evident that Dr. Cowling was an able surgeon, with high, unselfish aims, and a man of truly gentle and generous nature; and that he possessed a sense of humor, combined with moral courage and literary skill, that well fitted him to play a really useful part in the United States in the rôle which he had taken up as censor of medical frauds and impositions. In the Louisville Medical News, which he started and edited with strong logic, unflagging intrepidity, and unflinching good taste, he assailed certain medical institutions that were unworthy of the support of honest men, and succeeded in stamping out more than one of them. . . .

All that Dr. Yandell tells us about Dr. Cowling deepens our regret that so gifted a man was not longer spared to shatter shams and expose abuses, while at the same time he labored zealously at professional work.

THE immortal Harvey was a great martyr to the gout, and his method of treating himself was to sit with his legs bare, even if it was frosty weather, on the leads of Cockaine House, where he lived, or to put them in a pail of water till he was almost dead with cold, and then would betake himself to his fire and

warm himself. He was also troubled with insomnolency, when he would get up and walk about his chamber in his night-shirt till he was pretty cool, or even until he began to shiver, when he would return to his bed and fall asleep. Finally, on June 3, 1857, he was seized with paralysis, and, as his biographer expresses it, with a dead palsy in his tongue, so that he could not speak. But his intelligence was good, for he distributed presents to his nephews and friends to remember him by. To one he gave the watch which he had used in making his experiments, and to another a different token or gift, and so on, always making signs to one or the other, for he could not speak. This was undoubtedly a case of aphasia.—*Dr. John C. Peters, in Med. Record.*

SYDENHAM contended with the gout from the early age of twenty-five, and in his thirty-sixth year was confined to bed with a very violent attack for months, and in 1676 he began to have stone and gravel, of which he died in 1689, aged sixty-five years. When he began to take care of himself and be attentive to his diet, he drank a dish or two of tea early in the morning, and drove to his patients in his coach till noon, when he returned home and moderately refreshed himself with any sort of meat easy of digestion, and drank somewhat more than one fourth of a pint of Canary wine, to promote the digestion of food in his stomach, and to drive the gout from his bowels. When he had dined he betook himself to his coach again, and visited his patients, although the symptoms of stone recurred whenever he drove over paved streets, though the horses went very gently; and once having walked much he suffered a very severe paroxysm. A draught of small beer served him for a supper, and he took another draught when he was in bed and about to compose himself to sleep.—*Ibid.*